

Date available to work: _____

Hours available to work: _____

Can you work Saturdays? _____ Can you work overtime? _____

Do you smoke? _____ Days absent from job last year due to illness: _____

Name&Location	Major	Years Attended	Graduate?	Degree
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High School: _____

College or University: _____

Other: _____

Employment Record:

	last or present job	previous job	previous job
Company Name:	_____	_____	_____
Full Address:	_____	_____	_____
Immediate Supervisor:	_____	_____	_____
May we call this person for a reference?	_____	_____	_____
Phone Number?	_____	_____	_____
Dates of employment:	_____	_____	_____
Earnings:	_____	_____	_____
Position:	_____	_____	_____
Reason for leaving:	_____	_____	_____

Additional references (not relatives). Please include phone number and relationship:

1. _____
2. _____
3. _____

Why would you like to work with a veterinarian? _____

READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers and statements given by me in this application are correct and without consequential omissions of any kind. I agree that a false statement or omission may result in withdrawal of any employment offer or dismissal from employment resulting from this application.

I authorize all persons and companies named above and their agents to release any records and information pertaining to my employment history, police record, education background, military service, or personal reputation and hereby release all parties from liability for damage for providing this information.

At no time, whether I am an employee or not, will any information regarding the patients be revealed to anyone unless I have been specifically instructed to do so.

Name: _____ Date: _____