



Guilford Veterinary Hospital

81 Saw Mill Road

Guilford, CT. 06437

Phone: 203-453-2707 Fax: 203-453-2709

www.guilfordvet.com

Application For Employment

In order that your application may be properly evaluated, it is essential that you answer all questions on this application carefully and completely.

You must be 16 years of age to work at Guilford Veterinary Hospital. You will be considered for employment without regard to race, creed, sex, religion, marital status or national origin, status with regard to public assistance, disability or age.

Please Print

Name: _____
Last First Middle

Present Address: _____

How long have you resided at your current address? _____ Phone: _____

Email Address: _____

Are you a citizen of the U.S.? Yes / No

If not, do you have legal right to work in the U.S.? Yes / No

Position desired : _____ Salary desired: _____

Are you currently employed? _____ Where? _____

May we contact your employer? _____

Are you acquainted with or related to any person employed here? _____

Name: _____ Relationship: _____

Date available to work: _____ Hours available to work: _____

Can you work Saturday & Sundays? _____ Can you work overtime? _____

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

EDUCATION

Name & Location	Major	Years Attended	Graduate?	Degree
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_____ HIGH SCHOOL

_____ College or University

_____ OTHER

Employment Record

Last/Present Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number: _____

Dates of employment: _____

Position: _____

Reason for leaving: _____

Previous Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number: _____

Dates of employment: _____

Position: _____

Reason for leaving: _____

Previous Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number: _____

Dates of employment: _____

Position: _____

Reason for leaving: _____

ADDITIONAL REFERENCES (not relatives)

Please include name, phone number and relationship:

- 1. _____
- 2. _____
- 3. _____

Why would you like to work with at our veterinary hospital?

Background testing is an employment requirement. I understand that if I am offered a position, a background test will be required.	Drug-Free Screening is an employment requirement. I understand that if I am offered a position, drug screening will be required prior to my employment.
Signature _____	Signature _____

Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results, background check, and satisfactory work references by Guilford Veterinary Hospital. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Benefits Waiting period of employment.

Signature _____ Date _____

----- Do Not Write Below This Line -----

Called for interview: _____ Interview scheduled: _____ arrived: _____

Interviewed By: _____ Date: _____ FT PT (hrs : _____)

Scheduling restraints: _____

Remarks: _____
