



EMPLOYMENT APPLICATION

Personal Information

Date of Application: _____

Name (Last)		(First)		(Middle)	Social Security Number		
Home Address		City		State	Zip Code		
Home Telephone () _____ - _____		Business Telephone () _____ - _____		May we contact you at work? Yes _____ No _____			
Position Applying for: _____						Full-Time _____	
Date available to start: _____						Part-Time _____	
How were you referred to Woodland Veterinary Hospital? _____							
Days and hour available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	AM	to	to	to	to	to	to
	PM	to	to	to	to	to	to

EDUCATION

	Name and Locations	Degree/Area of Study	Number of Years Attended	Graduate
High School	Name: _____ City/State: _____			Yes ____ No ____
College	Name: _____ City/State: _____			Yes ____ No ____
Graduate School	Name: _____ City/State: _____			Yes ____ No ____
Other	Name: _____ City/State: _____			Yes ____ No ____

SPECIAL SKILLS

Specify computer skills, or any acquired skill that would be of interest:

LEGAL

Are you a U.S. Citizen? **Yes**_____ **No**_____ If no, do you have a legal right & necessary documents to work in the U.S.? **Yes**_____ **No**_____ (identity & employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986)

Reason for discharge: _____

Have you ever been convicted of a crime other than a minor traffic violation? **Yes**_____ **No**_____ If yes, please explain offense and final disposition: _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. May we contact your present employer? **Yes**_____ **No**_____ May we contact your past employer? **Yes**_____ **No**_____ Please indicate if you were employed under a different name.

Dates	Company Name and Address	Position Held	Responsibilities
From: ____/____ mo. / year To: ____/____ mo. / year	Name: _____	Job Title	
	Address: _____	Name of Supervisor(s)	
	Phone: () _____-_____		
From: ____/____ mo. / year To: ____/____ mo. / year	Name: _____	Job Title	
	Address: _____	Name of Supervisor(s)	
	Phone: () _____-_____		
From: ____/____ mo. / year To: ____/____ mo. / year	Name: _____	Job Title	
	Address: _____	Name of Supervisor(s)	
	Phone: () _____-_____		

PLEASE READ CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Woodland Veterinary Hospital and/or a 3rd party company upon request and I release anyone so authorized, Woodland Veterinary and any 3rd party from all liability and damages whatsoever in furnishing, obtaining or using said information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand and agree that is employed, the employment will be "at will." That is, either I or Woodland Veterinary Hospital may end the employment relationship at anytime for any reason or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other Woodland Veterinary Hospital documents are not contracts of employment.

Applicant's Signature: _____

Date: _____