

SNOWDOWN VETERINARY HOSPITAL

8632 US Hwy 331
Montgomery, AL 36105

(334) 281-7388

Fax (334) 284-3883

Snowdounvet54605@bellsouth.net

EXTERNSHIP/INTERNSHIP APPLICATION

First name: _____ **Last name:** _____ **Date:** _____

Home Phone: _____ **Work/Cell Phone:** _____ **Emergency Phone:** _____

Email Address: _____

ADDRESS (CURRENT RESIDENCE):

Street Address: _____ **Apartment#** _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Are you a U.S. citizen? Yes No

If no, what type of federal document do you have? _____

Have you ever been convicted of a felony? Yes No

If so, explain: _____

EDUCATION

Current Educational Institution: _____

Graduation Date: _____

Do you hold any degrees? Yes No If yes, in what field(s) of study? _____

Date of Externship/Internship Requested: _____

School Name: _____

School Address: _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Instructor Name: _____ **Instructor Phone:** _____

Instructor Email: _____

How were you referred to us? _____

Tell us why you would like to have an externship/internship at Snowdown Veterinary Hospital: _____

What is your primary area of interest and why? _____

Do you have any limitations we need to know about: time or schedule limitations, or any physical or medical limitations and conditions? This position requires lifting, close contact with animals of all species, flexible schedule and periodic evening and weekend hours. Please be specific. _____

Please list three references. Include your relationship with the person, address, telephone number, and their occupation. Two must be current professors at the college you are attending.

Name	Relationship	Address	Phone	Occupation

Applications do not constitute a contract of any kind. All externship/internships with Snowdown Veterinary Hospital may be terminated at any time.

By signing below, I certify that all information given here is true and accurate. I am over the age of 18 and I understand that any false information may result in ineligibility to participate in an externship/internship at Snowdown Veterinary Hospital.

Signature of applicant

Date

**Please submit this form and a resume to the following address:
Snowdown Veterinary Hospital
8632 US Hwy 331
Montgomery, AL 36105
Thank you for your interest in Snowdown Veterinary Hospital!**