

SNOWDOWN VETERINARY HOSPITAL, L.L.C.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street Address

_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

SSN: _____ Date of Birth: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Salary Expected: _____ Hours Available: _____ Available Weekends: _____

Are you currently employed? _____ If so, may we contact your employer? _____

What kind of pets do you have? _____ How many do you have? _____

How did you hear about our clinic? _____

Why would you like to work here? _____

EDUCATION HISTORY

	Name & Location	Years Attended	Did you Graduate?	Subjects Studied Degrees Completed
High School				
College				
Trade School				

SNOWDOUN VETERINARY HOSPITAL, L.L.C.

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

List your last four employers, starting with your last one first.

Dates of Employment	Name & Address of Employer	Position	Salary

REFERENCES

Name	Address	Phone Number	Business	Years Known

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of any disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____

Signature: _____

JOB APPLICATION ESSAYS

Name _____

Date _____

Position Applying For _____

1. Please write your goals for the position for which you are applying.

2. Please write your understanding of the purpose of a veterinary practice.

3. On the other side of this form, please write a brief collection letter to a client who has an overdue account.
Please complete this task even though you may not be handling financial matters in the performance of your job