

CLAY-CHALKVILL ANIMAL CLINIC  
APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

(PLEASE PRINT CLEARLY)

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per hour

Have you ever worked in a veterinary hospital before? ( ) yes ( ) no

If yes, where? \_\_\_\_\_

Desired status: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Specify days and hours if part-time. Be as specific as possible.

Were YOU previously employed by this organization? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? \_\_\_\_\_

Please add any additional comments you think are important for us to consider. \_\_\_\_\_

Are you legally eligible for employment in the US? ( ) yes ( ) no

Are you 18 years or older? ( ) yes ( ) no

\*\*If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Date of birth: \_\_\_\_\_

Do you have a valid driver's license? ( ) yes ( ) no

Driver's license number \_\_\_\_\_ Class of license \_\_\_\_\_

Have you had your driver's license revoked or suspended in the last 3 years? ( ) yes ( ) no  
 If hired, can you furnish proof you are eligible to work In the United States? ( ) yes ( ) no  
 Have you ever been convicted or a felony? ( ) yes ( ) no  
 A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.  
 If yes, please explain: \_\_\_\_\_

Have you previously applied here? ( ) yes ( ) no  
 If yes, when? \_\_\_\_\_

Have you worked for any firm under a different name? ( ) yes ( ) no  
 If yes, give name \_\_\_\_\_

**Personal References** (not former employers or relatives)

Name and occupation	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership in Professional or Civic Organizations (do not include racial; religious, or nationality groups)

Name or description of organization	Active participation	Offices held
_____	From: _____ To: _____	_____
_____	From: _____ To: _____	_____
_____	From: _____ To: _____	_____

**Education Record Non-veterinarians Only**

Name of school: \_\_\_\_\_ Degree awarded \_\_\_\_\_

Grade average \_\_\_\_\_ Honors \_\_\_\_\_

High School \_\_\_\_\_

College or University \_\_\_\_\_

Business, Trade, or Night School \_\_\_\_\_

Other: \_\_\_\_\_

Do you type? ( ) yes ( ) no WPM \_\_\_\_\_ Manual/Electric machine ( ) yes ( ) no WPM \_\_\_\_\_

Shorthand WPM \_\_\_\_ Office machines, computers, and software you know how to operate? \_\_\_\_\_

**Education Record - Veterinarians Only**

Name of school \_\_\_\_\_ Degree awarded \_\_\_\_\_

Grade average \_\_\_\_\_ Honors \_\_\_\_\_

High School \_\_\_\_\_

College or University (Preveterinary) \_\_\_\_\_

College (Veterinary Curriculum) \_\_\_\_\_

Postgraduate training, including internships (include dates and degrees awarded. if any)

Are you board certified? ( ) Board eligible? ( ) Which specially board? \_\_\_\_\_

List continuing education courses attended in the past 18 months: \_\_\_\_\_

List the states in which you are licensed to practice along with license number: \_\_\_\_\_

**Work History** (begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company \_\_\_\_\_

Business address \_\_\_\_\_ City, State \_\_\_\_\_

Phone no. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Date employed from \_\_\_\_\_ to \_\_\_\_\_

Exact job title \_\_\_\_\_ Earnings at hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for termination \_\_\_\_\_

Description of duties. Please be specific.

Name of Company \_\_\_\_\_

Business address \_\_\_\_\_ City, State \_\_\_\_\_

Phone no. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Date employed from \_\_\_\_\_ to \_\_\_\_\_

Exact job title \_\_\_\_\_ Earnings at hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for termination \_\_\_\_\_

Description of duties. Please be specific.

Name of Company \_\_\_\_\_  
Business address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone no. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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Type of Business	Immediate supervisor	Date employed from	to
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Exact job title	Earnings at hire	At Termination	Reason for termination
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Description of duties. Please be specific.

Name of Company \_\_\_\_\_  
Business address \_\_\_\_\_ City, State \_\_\_\_\_  
Phone no. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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Type of Business	Immediate supervisor	Date employed from	to
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Exact job title	Earnings at hire	At Termination	Reason for termination
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Description of duties. Please be specific.

### Affidavit

I certify that all facts contained in this application are true and complete to the best of my knowledge. I 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, and release Clay-Chalkville Animal Clinic from all liability for any damage that may result from utilization of such information.

I have read, understand, and by my signature consent to these statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_