



Brick Town Veterinary Hospital, P.A.

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Personal

Social Security No. _____ Date: _____

Name _____
Last First Middle

Present Address _____ Tel. No. _____
No. Street City State Zip

Position Applying For _____ Expected Rate of Pay \$ _____ Per Week

Would you work _____ Full Time _____ Part Time Specify days and hours if part time _____

Were you previously employed by this organization? _____ if yes, when? _____

List any friends or relatives working here, other than spouse _____
Name(s)

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

Are there any other work experience, 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

If you are applying for a job with minimum age requirements, you may be required to submit proof age.
For jobs with minimum age requirements:

Date of Birth: _____

For driving jobs: Do you have a valid driver's license? Yes No

Driver's license number _____ Class of license _____

Have you ever had your driver's license revoked or suspended in the last 3 years? Yes No

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Have you ever been convicted of 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	From	To	Offices Held

EDUCATION RECORD – NON-VETERINARIANS ONLY

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			

Do you Type?

Yes Manual Machines WPM
 Yes Electric Machines WPM

Shorthand
 WPM

Other Machines and computers you know how to operate

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

Name of Company _____ Business Address _____ City _____ State _____

Phone number _____ Type of Business _____ Supervisor _____ Date Employed From _____ To _____

Exact Job Title _____ Earnings at Hire _____ At Termination _____ Reason for Termination _____

Description of Duties _____

Name of Company _____ Business Address _____ City _____ State _____

Phone number _____ Type of Business _____ Supervisor _____ Date Employed From _____ To _____

Exact Job Title _____ Earnings at Hire _____ At Termination _____ Reason for Termination _____

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Exact Job Title _____ Earnings at Hire _____ At Termination _____ Reason for Termination _____
Description of Duties _____

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Phone number _____ Type of Business _____ Supervisor _____ Date Employed From _____ To _____
Exact Job Title _____ Earnings at Hire _____ At Termination _____ Reason for Termination _____
Description of Duties _____

AFFIDAVIT

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later time. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted, past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____