

Church Hill Animal Hospital Application for Employment

Applicant Information

Full name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email address _____

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever previously worked for CHAH? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

Desired position _____ Date available _____

Desired wage/salary \$ _____

Do you prefer: Full-time Part-time If part time, # of hours per week desired _____

Are there any restrictions of days or hours that you are available to work? _____

Education

School name	Location	Years attended	Degree received	Course of study

Church Hill Animal Hospital Application for Employment

Training & Skills

Other training, certifications, or licenses held: _____

List other skills pertinent to the employment you are seeking: _____

What computer software are you familiar with? Any veterinary software experience? _____

Any interests or hobbies that you would like to share? _____

Work Experience

Please list all previous work experience, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer	Address	
Dates of Employment	Position Held	Reason for leaving
Supervisor's Name & Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number
Duties performed & Skills acquired		

Church Hill Animal Hospital Application for Employment

Employer	Address	
Dates of Employment	Position Held	Reason for leaving
Supervisor's Name & Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number
Duties performed & Skills acquired		

Employer	Address	
Dates of Employment	Position Held	Reason for leaving
Supervisor's Name & Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number
Duties performed & Skills acquired		

Church Hill Animal Hospital Application for Employment

Professional References

Identify three persons who know your work, beginning with the most recent. We prefer three business references, not personal.

Name	Phone	Email
Position or Title	Relationship	

Name	Phone	Email
Position or Title	Relationship	

Name	Phone	Email
Position or Title	Relationship	

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education records, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information relating to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate Signature Date