

Are you legally eligible for employment in the USA? yes no

All new hires will be required to provide proof of eligibility to work in the USA.

Have you ever pled "guilty or "no contest" to or been convicted of a felony? yes no

Have you been convicted of a misdemeanor in the last seven years? yes no

If yes to either, please explain. _____

Because we are a health care facility, we maintain a strict "no smoking on the premises" policy. Can you adhere to this policy? yes no

If necessary for the job, are you able to provide a valid driver's license? yes no

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.

Professional Licenses, Certifications or Registrations: _____

Additional skills including but not limited to computer, math, typing, supervisory, language, or any other information regarding the career you wish to bring to our attentions. Pleas list veterinary software you have used.

EDUCATION – NON VETERINARIANS

High School Name & address _____ **Dates attended** _____ **Diploma received** _____

Yes _____ No _____

College/University Name & address _____ **Dates attended** _____ **Degree received** _____

Yes _____ No _____

Other (Graduate,Technical) _____ **Degree Received** _____

Yes _____ No _____

Computer experience? ____yes ____no If yes, programs you are familiar with:

EDUCATION RECORD – VETERINARIANS ONLY

High School Name & address _____ **Dates attended** _____ **Diploma received** _____
Yes No

College/University (pre vet) _____ **Dates attended** _____ **Degree received** _____
Yes No

College (Veterinary Curriculum) _____ **Dates attended** _____ **Degree received** _____
Yes No

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

_____ Are you board certified? ____yes ____no Board eligible? ____yes ____no

Which specialty board? _____ List continuing education courses attended in the past 18 months.

List states in which you are licensed to practice along with license numbers:

PERSONAL REFERENCES (No former employees or relatives)

NAME _____ ADDRESS _____ PHONE # _____

COMPANY _____ POSITION _____ YRS KNOWN _____

NAME _____ ADDRESS _____ PHONE # _____

COMPANY _____ POSITION _____ YRS KNOWN _____

NAME _____ ADDRESS _____ PHONE # _____

COMPANY _____ POSITION _____ YRS KNOWN _____

EMPLOYMENT HISTORY List your employers, starting with your most recent one first. Please include any non-paid /volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume. Be sure all your experience or employers related to this job are listed here or use an extra paper if necessary.

Name of employer _____

Address _____ **Phone** _____

Start date _____ **End Date** _____ **Reason for leaving** _____

Starting salary _____ **Ending Salary** _____ **May we contact for reference?** ___yes ___no

Job title _____ **Immediate Supervisor** _____

List the jobs you held, duties performed

Name of employer _____

Address _____ **Phone** _____

Start date _____ **End Date** _____ **Reason for leaving** _____

Starting salary _____ **Ending Salary** _____ **May we contact for reference?** ___yes ___no

Job title _____ **Immediate Supervisor** _____

List the jobs you held, duties performed.

Name of employer _____

Address _____ **Phone** _____

Start date _____ **End Date** _____ **Reason for leaving** _____

Starting salary _____ **Ending Salary** _____ **May we contact for reference?** ___yes ___no

Job title _____ **Immediate Supervisor** _____

List the jobs you held, duties performed._

Name of employer _____

Address _____ **Phone** _____

Start date _____ **End Date** _____ **Reason for leaving** _____

Starting salary _____ **Ending Salary** _____ **May we contact for reference?** ___yes ___no

Job title _____ **Immediate Supervisor** _____

List the jobs you held, duties performed.

RECEPTIONIST & VET ASSISTANT APPLICANTS ONLY:

Why do you want to work for Seven Bends Veterinary Hospital?

Describe a specific situation where you have provided excellent customer service in your most recent position.

Talk about the last time you took one of your pets to the veterinarian.

What is your idea of the perfect job?

I hereby certify that the information contained on this application, or any other information I submit to SBVH for employment, is true and correct to the best of my knowledge and agree to have any such statements or information checked by SBVH. I authorize SBVH to make a thorough investigation of my references, past employment, education, criminal background, and to secure additional job-related information about me. I also authorize the references listed above, as well as other individuals whom SBVH contacts, to provide SBVH with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to SBVH as well as from any use or disclosure of such information by SBVH or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application, or any other information I submit to SBVH in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I understand that filling out this form does not indicate that there is a position open and does not obligate SBVH to hire me.

I understand that if I am hired by SBVH, my employment will be "at-will" and, just as I will be free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee or representative of SBVH has any authority to enter into a contract of employment, express or implied, that changes or modifies in any way such employment at-will.

Signature _____ Date _____