

Belmont Shore Veterinary Hospital

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Receptionist Technician Technician Assistant Other

HOW DID YOU LEARN ABOUT THIS POSITION?

- Newspaper (List Publication) _____
- Website (List website) _____
- Employee Referral _____ Friend _____
- Other: _____

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE or PRINT in INK				Please complete the application by typing or clearly printing in dark ink.					
JOB APPLIED FOR			DRIVER'S LICENSE NUMBER:			STATE OF ISSUE:			
Salary Expectation:									
WHAT PROMPTED YOU TO SEEK EMPLOYMENT WITH BELMONT SHORE ANIMAL HOSPITAL?									
NAME AND ADDRESS									
NAME (LAST, FIRST, M.I.):				HOME TELEPHONE (include area code):					
MAILING ADDRESS:				WORK TELEPHONE (Provide only one including area code):					
CITY		STATE		ZIP CODE:		OTHER (include area code):			
EMAIL ADDRESS:				<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/>					
<input type="checkbox"/> PRESENT EMPLOYER			<input type="checkbox"/> LAST EMPLOYER (Check one):			May We Contact?		CITY AND STATE:	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK SCHEDULE AVAILABILITY									
Check Only One:			Check Only One:						
<input type="checkbox"/> PERMANENT			<input type="checkbox"/> FULL TIME		<input type="checkbox"/> FULL OR PART TIME				
<input type="checkbox"/> SEASONAL <input type="checkbox"/> EITHER			<input type="checkbox"/> PART TIME		<input type="checkbox"/> INTERMITTENT		<input type="checkbox"/> ANY		
WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?									
IF HIRED, ON WHAT DATE CAN YOU START WORKING?									
CAN YOU WORK ON THE WEEKENDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO						
CAN YOU WORK EVENINGS?			<input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO									

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one)

YES

NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
A					
B					
C					

LICENSE / REGISTRATION / CERTIFICATEList any **required** professional license, registration, certificate, Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

<p>Area for listing specialized skills and knowledge. Attach additional pages as needed.</p>
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WORK HISTORY**JOB NUMBER 1 (current or most recent position)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SALARY: BEGINNING _____ ENDING _____	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 2		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SALARY: BEGINNING _____ ENDING _____
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

JOB NUMBER 3		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SALARY: BEGINNING _____ ENDING _____
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

JOB NUMBER 4		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SALARY: BEGINNING _____ ENDING _____
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

REFERENCES (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

NAME / TITLE

ADDRESS AND PHONE NUMBER

OCCUPATION

1. _____

2. _____

3. _____

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize Belmont Shore Veterinary Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize Belmont Shore Veterinary Hospital check my driving record if the position for which I am applying requires driving.
- ◆ I authorize Belmont Shore Veterinary Hospital run a credit history check and criminal history background check as a condition of employment.
- ◆ I release the Clinic Name and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

PRINT FULL NAME

DATE:

APPLICANT'S SIGNATURE

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
BELMONT SHORE VETERINARY HOSPITAL**