

## ANDES-STRALEY VETERINARY HOSPITAL APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, creed, color, age, sex, religion or national origin.

### Personal Information

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last MI First

**Address** \_\_\_\_\_  
Street City State Zip

**Telephone** \_\_\_\_\_

Are you 18 years of age or older?     Yes             No

**Referred By** \_\_\_\_\_

### Employment Desired

**Position** \_\_\_\_\_ **Date you can start** \_\_\_\_\_

**Salary Desired** \_\_\_\_\_     Full Time    OR     Part Time

Are you employed now? \_\_\_\_\_ If so may we contact your present employer? \_\_\_\_\_

Ever applied at ASVH before? \_\_\_\_\_ If so when? \_\_\_\_\_

### Education

Type of School	Name Of School	# of Years Completed	Major & Degree
<b>High School</b>			
<b>College</b>			
<b>Business or Trade School</b>			
<b>Professional School</b>			



## WORK HISTORY

Please list your work experience for the past five years beginning with your most recent job held.  
Attach additional sheets if necessary.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employment Date To \_\_\_\_\_ Pay or Salary Start \_\_\_\_\_

From \_\_\_\_\_ Finish \_\_\_\_\_

Reason For Leaving \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employment Date To \_\_\_\_\_ Pay or Salary Start \_\_\_\_\_

From \_\_\_\_\_ Finish \_\_\_\_\_

Reason For Leaving \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employment Date To \_\_\_\_\_ Pay or Salary Start \_\_\_\_\_

From \_\_\_\_\_ Finish \_\_\_\_\_

Reason For Leaving \_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

Have you ever been in the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now a member of the National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.**

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