



AMERICAN VETERINARY HOSPITAL

8106 Kelley Dr # C, Stockton, CA 95209

Application for Employment

In order for your application to be evaluated, it is essential that all questions on this application are carefully completed.

You will be considered for employment without regard to race, color, creed, sex, religion, marital status, national origin, status with regard to public assistance, disability, or age.

PERSONAL

Name in full _____ (Last) _____ (First) _____ (MI)

Present Address _____

Phone () _____ How long at this address _____

E-mail Address _____

Preferred method of contact? (In order) _____

Position Desired _____ Salary Desired _____

Are you employed _____ If "Yes" where _____

May we contact your present employer _____ present employers phone () _____

Are you acquainted to or related to any person employed here _____ if "yes" who _____

Relationship _____ Date available for work _____

Physical disabilities or chronic illnesses _____

Days absent from work last year due to sickness or other _____

Can you work over time _____ any professional license _____

SECRETARIAL, CLERICAL AND OFFICE APPLICANTS ONLY

Can you type _____ If "Yes" how many words per minute _____

Do you know medical terminology _____

Please list any other secretarial, clerical, accounting, skills _____

EDUCATION

High School _____ Graduated _____ from year _____ to year _____
College/University _____ Graduated _____ Degree _____

EMPLOYMENT RECORD-most recent first

- Company Name _____ Phone _____
Address _____ Supervisor _____
Earnings _____ Duties _____
Start Date _____ to _____ Reason for leaving _____
2. Company Name _____ Phone _____
Address _____ Supervisor _____
Earnings _____ Duties _____
Start Date _____ to _____ Reason for leaving _____
3. Company Name _____ Phone _____
Address _____ Supervisor _____
Earnings _____ Duties _____
Start Date _____ to _____ Reason for leaving _____

PERSONAL REFERENCES (NOT RELATED)

1. Name _____ Address _____
Phone _____ Occupation _____
2. Name _____ Address _____
Phone _____ Occupation _____
3. Name _____ Address _____
Phone _____ Occupation _____

All statements made by me on this application are true to the best of my knowledge and belief. If I have submitted false information, it is cause for my immediate discharge.

Signature _____ Date _____