



APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.*

Personal

Social security no. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone _____
Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per hour/per month.

Would you work _____ Full-time _____ Part-time Specify days and hours if part-time. _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here. _____

If your application is considered favorably, on what date will you be available for work? _____

List 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. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

For driving jobs only:

Are you 18 years of age or older? ☐ yes ☐ no Do you have a valid driver's license? ☐ yes ☐ no

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? ☐ yes ☐ no

If hired, can you furnish proof you are eligible to work in the United States? ☐ yes ☐ no

Have you ever been convicted of a felony? ☐ yes ☐ no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain. _____

Have you previously applied here? ☐ yes ☐ no If yes, when? _____

List other names you have used when previously employed (such as, maiden name or married name). _____

Personal References (not former employers or relatives)

| Name and occupation | Address | Phone number |
|---------------------|---------|--------------|
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List Membership, Hobbies, and Other Activities. List memberships in professional organizations, hobbies, clubs, sports, or other activities with which you have been involved. Also please list any awards, leadership positions, special training, or skills that would be beneficial to your work in the veterinary field.

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Education Record—Nonveterinarians Only

| Name of school | Degree awarded | Grade average | Honors |
|--|----------------|---------------|--------|
| High School | | | |
| College or University | | | |
| Business, Trade, Correspondence, or Night School | | | |
| Other | | | |

Do you type? _____ Office machines and computers you know how to operate? _____

Education Record—Veterinarians Only

| Name of school | Degree awarded | Grade average | Honors |
|---------------------------------------|----------------|---------------|--------|
| High School | | | |
| College or University (Preveterinary) | | | |
| College (Veterinary Curriculum) | | | |

Do you type? _____ Office machines and computers you know how to operate? _____

List areas of special interest in veterinary medicine. _____

List postgraduate training, including internships (include dates and degrees awarded, if any). _____

Are you board certified? ☐ Board eligible? ☐ Which specialty board? _____

List continuing education courses attended in the past 18 months. _____

List the states in which you are licensed to practice along with license numbers. _____

Work History (begin with the most recent, list all past employers, including any pertinent military experience)

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|-----------------------|----------------------|---------------------------------|---------------------|-------|-----------|
| Name of company | | Business address | City | State | Phone no. |
| Type of business | | Immediate supervisor | Dates of employment | | From To |
| Exact job title | | Why did you leave this company? | | | |
| Earnings at hire | At end of employment | | | | |
| Description of duties | | | | | |
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|-----------------------|----------------------|---------------------------------|---------------------|-------|-----------|
| Name of company | | Business address | City | State | Phone no. |
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| Earnings at hire | At end of employment | | | | |
| Description of duties | | | | | |
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|-----------------------|----------------------|---------------------------------|---------------------|-------|-----------|
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| Earnings at hire | At end of employment | | | | |
| Description of duties | | | | | |
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Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____

FOR EMPLOYER'S USE ONLY

Reference Check

| Date Called | Company Called | Person Contacted | Comments |
|-------------|----------------|------------------|----------|
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Interview Results

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"The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine."

AAHA believes that the information solicited from the applicant is in full compliance with all federal equal employment laws. AAHA does not assume responsibility for the user's inclusion in this "Application for Employment" of any question that may violate federal, state, or local laws, and users should contact their own counsel with respect to any legal question regarding the use of this form.