



Woodhaven Veterinary Clinic

Application for Employment

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.

Date _____ Telephone _____ E-mail _____

Last Name _____ First Name _____ Pronouns _____

Present Address _____ City _____ State _____ Zip Code _____

Position Applied For _____

Would you work Full Time? Part Time? Specify days and hours if part time _____

Were you previously employed by Woodhaven? _____ If Yes, When? _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage _____

List of 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.

Do you have a valid driver's license? Yes No

Have you had your driver's license revoked or suspended in the last 3 years? Yes No

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Work History – Begin with the most recent, list all past employers, including any pertinent military experience.

1.

Name of Business		Address		Phone
Type of Business		Immediate supervisor	Dates of Employment	
Exact Job Title		Why did you leave this company?		
Earnings at hire	At end of work	May I contact this employer?		

2.

Name of Business		Address		Phone
Type of Business		Immediate supervisor	Dates of Employment	
Exact Job Title		Why did you leave this company?		
Earnings at hire	At end of work	May I contact this employer?		

3.

Name of Business		Address		Phone
Type of Business		Immediate supervisor	Dates of Employment	
Exact Job Title		Why did you leave this company?		
Earnings at hire	At end of work	May I contact this employer?		

Education Record

<u>Name of School</u>	<u>Degree Awarded</u>	<u>Grade Average</u>	<u>Honors</u>
High School: _____			
College or University: _____			
Business, Trade or Correspondence: _____			
Other: _____			
Do you Type? _____ Office Machines and Computer programs you know how to operate: _____			

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

Signature: _____ Date: _____