

 **Slippery Rock
Veterinary Hospital**

"Patient Care through Exceptional Client Service"

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 _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
Email: _____

Position applying for:

() PA Licensed Technician () Assistant () Client Care Provider () Ward/Facility Attendant

() 36+ hours per week () 20-35 hours per week () 10-20 hours per week

() 10 or less hours per week. () Seasonal for _____

If not available all hours (7:30 am - close) please specify limitations: _____

Rate of pay expected: \$ _____/hr

How did you first hear of this position opening? _____

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

List any friends or relatives working here, other than spouse _____
Name(s)

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

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

Are you 18 years of age or older? YES NO

If hired, can you furnish proof you are eligible to work in the United States? YES NO

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime? 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? _____

Please describe your experience with animals and animal care:

What skills or attributes do you have that you can consistently bring to our hospital that will make you indispensable? (use separate sheet if necessary)



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Employment References (list individuals familiar with your job qualifications (other than relatives or personal friends))

Name, Relationship, How long known?	Address	Phone number

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Dates of active participation	Offices held

Education Record

Name of school	Degree awarded	Grade average	Honors
High School			
College or University			
Business, Trade, or Technical School			
Correspondence School			
List any licenses held (include: state & license number)			
Other			

Additional Record

List continuing education courses attended in the past 18 months:
List office machines, computer software and equipment you know how to operate:



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Work History (begin with the most recent)

Name of Company	Business Address	Phone No.
Type of Business	Immediate Supervisor	Date Employed: From _____ To _____
Exact Job Title	Earning at hire/Earnings current or at termination	Reason for Termination
Description of duties:		

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Type of Business	Immediate Supervisor	Date Employed: From _____ To _____
Exact Job Title	Earning at hire/Earnings at termination	Reason for Termination
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Type of Business	Immediate Supervisor	Date Employed: From _____ To _____
Exact Job Title	Earning at hire/Earnings at termination	Reason for Termination
Description of duties:		

Please Read Carefully Before Signing This Form

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 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 _____

Thank you for your interest in our Veterinary Hospital.