

CROSSVILLE VETERINARY HOSPITAL
EMPLOYMENT APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

| |
|---|
| Job Applied For: <input type="checkbox"/> Receptionist <input type="checkbox"/> LVT <input type="checkbox"/> Assistant <input type="checkbox"/> Other _____ HOW DID YOU LEARN ABOUT THIS POSITION? <input type="checkbox"/> Newspaper (List Publication) _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Other website (List website) _____ <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other: _____ |
|---|

| References – Please give 3 professional only references. | |
|---|---|
| Reference #1: Name: _____ Business Name: _____ Phone Number: _____ Position: _____ | Reference #2: Name: _____ Business Name: _____ Phone Number: _____ Position: _____ |
| Reference #3: Name: _____ Business Name: _____ Phone Number: _____ Position: _____ | Reference #4: Name: _____ Business Name: _____ Phone Number: _____ Position: _____ |

ATTENTION
 Attach this page to your application materials,
 even if you do not provide the voluntary information.

CROSSVILLE VETERINARY HOSPITAL EMPLOYMENT APPLICATION
An Equal Opportunity Employer

| | |
|---------------------------------|--|
| TYPE or PRINT in INK | Please complete the application by typing or clearly printing in dark ink. |
| JOB APPLIED FOR | SOCIAL SECURITY NUMBER: |
| DRIVER'S LICENSE NUMBER: | STATE OF ISSUE: |
| NAME AND ADDRESS | |

| | | | | |
|---------------------------|-------|-----------|----------------------------|--|
| NAME (LAST, FIRST, M.I.): | | | HOME TELEPHONE | |
| MAILING ADDRESS: | | | WORK TELEPHONE | |
| CITY | STATE | ZIP CODE: | OTHER (include area code): | |
| EMAIL ADDRESS: | | | | |

| | | |
|---|---|-----------------|
| <input type="checkbox"/> PRESENT EMPLOYER | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | CITY AND STATE: |
| <input type="checkbox"/> LAST EMPLOYER (Check one): | | |

WORK SCHEDULE AVAILABILITY

| | | |
|--|---|-------------------------------|
| Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> EITHER | Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY | Date You Can Report For Work: |
|--|---|-------------------------------|

EMPLOYEE HISTORY
The DEA requires us to ask these questions of every applicant.

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. Yes No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. Yes No

Details:

EDUCATION / TRAINING HISTORY
List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

| Name and Location Of School, College, or University | Course of Study (List Major) | Credits Earned | Did You Graduate? (Yes / No) | Degree or Certificate Received |
|---|------------------------------|----------------|------------------------------|--------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |

LICENSE / REGISTRATION / CERTIFICATE
List any required professional license, registration, certificate, Commercial Driver's License (CDL), etc.

| Description | State | Number | Expiration |
|-------------|-------|--------|------------|
| | | | |

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|--|--|--|--|
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SPECIALIZED SKILLS AND KNOWLEDGE
 List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

| | | | |
|--|--|--|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| KIND OF BUSINESS | | SUPERVISOR'S NAME and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above | |
| TOTAL TIME IN CURRENT OR LAST POSITION: | HOURS WORKED PER WEEK (Average) | If you checked any of these boxes, list the number of employees and their job titles: | |

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 2

| | | | |
|--|--|--|--|
| NAME OF EMPLOYER | | EMPLOYER'S ADDRESS and PHONE NUMBER | |
| KIND OF BUSINESS | | SUPERVISOR'S NAME and PHONE NUMBER | |
| YOUR JOB TITLE | | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: | |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above | |
| TOTAL TIME IN CURRENT OR LAST POSITION: | HOURS WORKED PER WEEK (Average) | If you checked any of these boxes, list the number of employees and their job titles: | |

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 3

| | |
|------------------|-------------------------------------|
| NAME OF EMPLOYER | EMPLOYER'S ADDRESS and PHONE NUMBER |
|------------------|-------------------------------------|

| | |
|------------------|------------------------------------|
| KIND OF BUSINESS | SUPERVISOR'S NAME and PHONE NUMBER |
|------------------|------------------------------------|

| | |
|----------------|--|
| YOUR JOB TITLE | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: |
|----------------|--|

| | | |
|-------------------------|---------------------------------|--|
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | |

If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 4

| | |
|------------------|-------------------------------------|
| NAME OF EMPLOYER | EMPLOYER'S ADDRESS and PHONE NUMBER |
|------------------|-------------------------------------|

| | |
|------------------|------------------------------------|
| KIND OF BUSINESS | SUPERVISOR'S NAME and PHONE NUMBER |
|------------------|------------------------------------|

| | |
|----------------|--|
| YOUR JOB TITLE | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: |
|----------------|--|

| | | |
|-------------------------|---------------------------------|--|
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) | <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) | |

If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the Portville Veterinary Clinic to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the Portville Veterinary Clinic to check my driving record if the position for which I am applying requires driving.
- I authorize the Portville Veterinary Clinic to run a credit history check and/or criminal history background check as a condition of employment.
- I release the Portville Veterinary Clinic and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

SIGNATURE

DATE:

Thank You For Your Interest In Employment With Crossville Veterinary Hospital