

Woodland Springs Veterinary Hospital
PLEASE COMPLETE THE FOLLOWING INFORMATION

Applying for: Receptionist Veterinary Technician Assistant Other _____
An Equal Opportunity Employer

Date: _____

TYPE or PRINT in INK - Please complete the application by typing or clearly printing in dark ink

IDENTIFICATION

NAME (LAST, FIRST, MI)			HOME PHONE (including area code)
MAILING ADDRESS			WORK PHONE
CITY	STATE	ZIP CODE	CELL PHONE
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	
DRIVERS LICENSE NUMBER:		STATE OF ISSUE:	

WORK SCHEDULE AVAILABILITY

Days and Time Available to Work:
Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> WEEKENDS ONLY	Date You Can Begin Work
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EMPLOYEE HISTORY

The Drug Enforcement Agency requires us to ask these questions of every applicant

Have you been convicted of a felony or misdemeanor? (Do not include any traffic violations or juvenile offenses) If the answer is yes, furnish details of conviction, offense, location, date and sentence. YES NO
Details -

Have you ever knowingly use 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 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

LICENSE / REGISTRATION / CERTIFICATE

List any **required** professional license, registration, certificate, Commercial Drivers License, etc.

Description	State	Number	Expiration

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 skills, foreign languages etc.).

WORK HISTORY

Current or Most Recent Position

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADERSHIP CHECK AREAS YOU WERE RESPONSIBLE FOR: <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 Recommend Hiring <input type="checkbox"/> Not Responsible for Any of the Above	
FROM (MONTH / YEAR)	TO (MONTH / YEAR)	List the number of employees and job titles:	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed)			
Reason for leaving:			
Check One: <input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY AND STATE:

JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADERSHIP CHECK AREAS YOU WERE RESPONSIBLE FOR: <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 Recommend Hiring <input type="checkbox"/> Not Responsible for Any of the Above	
FROM (MONTH / YEAR)	TO (MONTH / YEAR)	List the number of employees and job titles:	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)		
DUTIES (List all duties you performed. No credit will be given if this section is not completed)			
Reason for leaving:			

JOB NUMBER 3		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADERSHIP CHECK AREAS YOU WERE RESPONSIBLE FOR: <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 Recommend Hiring <input type="checkbox"/> Not Responsible for Any of the Above List the number of employees and job titles:
FROM (MONTH / YEAR)	TO (MONTH / YEAR)	
TOTAL TIME IN CURRENT OR LAST POSITION	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed)		
Reason for leaving:		
CERTIFICATION AND SIGNATURE		
<p>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. This authorization is valid for purposes of verifying information given in connection with my application for employment covered under the Equal Opportunity Act (EEOA), Fair Credit Reporting Act (FCRA) and the Drivers Privacy Protection Act (DPPA). In addition I understand that Woodland Springs Veterinary Hospital may conduct additional background checks during my employment if I am hired. This authorization shall be valid in original or facsimile form. You may contact me personally if you need to further verify and authenticate this request.</p> <input type="checkbox"/> I certify that all statements contained herein are true and complete. <input type="checkbox"/> I understand that if hired, I must prove that I am legally authorized to work in the United States. <input type="checkbox"/> I authorize Woodland Springs Veterinary Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process. <input type="checkbox"/> I authorize Woodland Springs Veterinary Hospital to check my driving record if the position for which I am applying requires driving. <input type="checkbox"/> I authorize Woodland Springs Veterinary Hospital to run a consumer credit report, criminal history background check, and/or drug test as a condition of employment. <input type="checkbox"/> I release Woodland Springs Veterinary Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process. <input type="checkbox"/> I authorize all corporations, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and other persons or entities with relevant information about me to release any and all such information only to Woodland Springs Veterinary Hospital and their representatives.		
PRINT FULL NAME		DATE
APPLICANT'S SIGNATURE		DATE OF BIRTH
OTHER NAMES USED (Maiden, Nickname, etc.)		

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
WOODLAND SPRINGS VETERINARY HOSPITAL**