

TOWN & COUNTRY VETERINARY HOSPITAL

Howland Corners
8000 East Market Street
Warren, OH 44484

Parkman Veterinary Clinic
2912 Parkman Road
Warren, OH 44485

APPLICATION FOR EMPLOYMENT

Name _____	Date _____
Address _____ (Street) (City) (State) (Zip)	
Telephone _____	SS# _____

Position Applying For _____

How did you hear of opening? _____

Employment Preferred: Regular Full-Time _____ Part-Time _____
Temporary Full-Time _____ Part-Time _____

Available for all shift assignments? Yes ___ No ___ If not, what restrictions? _____

Available for overtime? Yes ___ No ___ Available for weekend pet care? Yes ___ No ___

Have you worked here before? _____ When? _____ Why did you leave? _____

Ever worked for a veterinarian before? (If yes explain) _____

Are you legally allowed to work in the United States? Yes ___ No ___ (If hired you will be required to prove eligibility to legally work in the U. S.)

Employment interest: _____

Do you enjoy meeting the public? _____

Do you own any pets? What pets? _____

Do you have any physical or medical condition that would limit your ability to perform the tasks and/or duties of the job, for which you are applying? Yes ___ No ___ If yes, what accommodation(s) do you think would allow you to perform the duties?

Has an employer ever discharged you? If yes describe circumstances. Yes ___ No ___

Have you ever been convicted of a felony? If yes give details. Yes ___ No ___

Have you ever been convicted of a drug related crime? If yes give details. Yes ___ No ___

What salary or benefits would you expect after one year of employment? _____

Why do you want to work? _____

Why should we hire you to work at this hospital? _____

(OVER – COMPLETE BACK PAGE ALSO)

WORK HISTORY

May we contact your present employer? Yes No . List employers in the order of present or most recent first.

Employer _____	Address _____
Supervisor _____	Phone No. _____
Last Position _____	Duties _____
Date Started _____	Position _____ Starting Salary _____
Date Left _____	Reason _____ Last Salary _____

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EDUCATION

High School _____ Course of Study _____ Graduated? Yes No

College _____ Degree _____ Graduated? Yes No

Other _____ Graduated? Yes No

REFERENCES

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

APPLICANT'S CERTIFICATION

I understand and acknowledge that this document is not an employment contract. I understand that I may sever and quit my employment with the hospital at any time for any or no reason and that the hospital retains the same rights regarding the employment relationship. I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that, if I am employed, any false statement given here may result in my dismissal. I authorize the hospital to investigate any information given on this application. Further, I authorize any entity holding such information to release factual information to Town and Country Veterinary Hospital.

SIGNATURE: _____ DATE: _____

(Applications that are not completed will be considered invalid.)