



APPLICATION FOR EMPLOYMENT

Veterinary Wellness Center of Surfside is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

PERSONAL INFORMATION (Please print)					
Name	Last	First	Middle	Social Security Number	Date (M/D/Y)
Other names you are known by _____		Are you legally eligible for employment in the U.S.?		Yes _____	No _____
Have you been convicted of a crime in the last seven (7) years? Yes _____ No _____ <small>If Yes, list convictions that are a matter of public record (arrests are not convictions. A conviction will not necessarily disqualify you for employment.</small>					
Present Address	Street	City	State	Zip Code	
Permanent Address	Street	City	State	Zip Code	
Phone Number	Mobile	Home	Email		

EMPLOYMENT DESIRED							
Position	Date You Can Start						
Specify hours available for each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION				
	Name and Address of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degrees Received
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	
List skills relevant to the position applied for _____				
Languages _____		Typing WPM: _____		
Computer Proficiency (Circle): Microsoft Word Microsoft Excel Mac OS X Windows Others: _____				

PERSONAL QUESTIONS
What is your previous experience in the field of veterinary medicine? _____ _____ _____
Why would you like to work at Veterinary Wellness Center of Surfside? _____ _____ _____
What do you think is your best quality? _____ _____ _____

FORMER EMPLOYERS

List below current and last three employers, starting with the most recent one. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Date (M/D/Y)

1	From	Current Employer (Name and Address of Employer - Type of Business)	Average hours/salary per week	Position	Reason for Leaving	
	To					
	Duties Performed					
Supervisor's Name		Phone		Email		May We Contact?
2	From	Current Employer (Name and Address of Employer - Type of Business)	Average hours/salary per week	Position	Reason for Leaving	
	To					
	Duties Performed					
Supervisor's Name		Phone		Email		May We Contact?
3	From	Current Employer (Name and Address of Employer - Type of Business)	Average hours/salary per week	Position	Reason for Leaving	
	To					
	Duties Performed					
Supervisor's Name		Phone		Email		May We Contact?
4	From	Current Employer (Name and Address of Employer - Type of Business)	Average hours/salary per week	Position	Reason for Leaving	
	To					
	Duties Performed					
Supervisor's Name		Phone		Email		May We Contact?

REFERENCES

List below the names of three professional references, whom you have known at least one year.

Name	Address, Phone Number, Email Address	Business	Years Acquainted How Do You Know The Person?

Is there any other information you would like to list? _____

I certify that the above answers are true and complete to the best of my knowledge. I authorize Veterinary Wellness Center of Surfside to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also that I am required to abide by all rules, regulations, and policies of Veterinary Wellness Center of Surfside.

Date _____

Signature _____