

Brandon Veterinary Clinic

Employment Application

We are an equal opportunity employer.

Position Applied For: _____ **Date of Application** _____

Name:
_____ **Last** _____ **First** _____ **Middle** _____

Address:
_____ **Street** _____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Mobile:** _____

Date Available to Start: _____ **Social Security Number:** _____

Type of employment desired: Full-Time Part-Time Temporary

Have you ever been convicted of a felony? YES NO If Yes, please explain:

Have you ever been employed here before? YES NO

Are you legally eligible for employment in this country? YES NO

Education

Schools/Colleges Attended:	# Years	Year Grad	Degree

Special Skills

Please list/describe any special skills, qualifications, or experience that you have for this job:

Work Experience (start with most recent position first)

FROM	TO	Employer	PHONE
JOB TITLE		ADDRESS	
Immediate Supervisor		Nature of the work and responsibilities	
Title of Supervisor			
Reason for Leaving		Hourly Rate Salary	

FROM	TO	Employer	PHONE
JOB TITLE		ADDRESS	
Immediate Supervisor		Nature of the work and responsibilities	
Title of Supervisor			
Reason for Leaving		Hourly Rate Salary	

FROM	TO	Employer	PHONE
JOB TITLE		ADDRESS	
Immediate Supervisor		Nature of the work and responsibilities	
Title of Supervisor			
Reason for Leaving		Hourly Rate Salary	

Personal References (Please list personal references of 3 people unrelated to you)

RELATIONSHIP	Name	PHONE
HOW LONG KNOWN	STREET ADDRESS, CITY, STATE, ZIP	

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HOW LONG KNOWN	STREET ADDRESS, CITY, STATE, ZIP	

RELATIONSHIP	Name	PHONE
HOW LONG KNOWN	STREET ADDRESS, CITY, STATE, ZIP	

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize **Brandon Veterinary Clinic** to investigate any statement contained in this application 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 **Brandon Veterinary Clinic**.

Signed: _____

Date: _____

FOR OFFICE USE ONLY:

Arrange interview: Yes No Date: _____ Place: _____

Remarks: _____

Approved: Yes No Date: _____

By: _____