



## EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### WORK HISTORY

Dates of Employment Start: \_\_\_\_\_ End: \_\_\_\_\_

Position Held: \_\_\_\_\_

Company: \_\_\_\_\_ Ok to Contact? Yes or No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsibilities Beneficial to MVVH: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment Start: \_\_\_\_\_ End: \_\_\_\_\_

Position Held: \_\_\_\_\_

Company: \_\_\_\_\_ Ok to Contact? Yes or No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsibilities Beneficial to MVVH: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment Start: \_\_\_\_\_ End: \_\_\_\_\_

Position Held: \_\_\_\_\_

Company: \_\_\_\_\_ Ok to Contact? Yes or No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsibilities Beneficial to MVVH: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## PERSONAL INFORMATION

Are you able to provide legal proof that you are over 18 and eligible to work in the United States? Y or N

Have you worked for Mount Vernon Veterinary Hospital before? If so provide dates \_\_\_\_\_

Have you ever pleaded guilty to a crime? Y or N If yes, describe \_\_\_\_\_

Have you ever been fired or asked to resign by an employer? Y or N If yes, describe circumstances  
\_\_\_\_\_

Answering yes or no to the above questions will not determine eligibility for employment. We are an Equal Opportunity Employer.

## SKILLS AND TRAINING

Please provide skills you have acquired that you feel are relevant to the position you are applying for. Please include any training or volunteer work also.

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## EDUCATION

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_

List honors, awards, activities: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_

List honors, awards, activities: \_\_\_\_\_

Additional Education (include dates): \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please list three professional references that we may contact to verify the quality of your work, your attendance, and your interpersonal skills.

Name: \_\_\_\_\_ Professional Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Professional Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Professional Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## AVAILABILITY & SALARY REQUIREMENTS

Patients sometimes dictate our schedules. Emergencies and busy days may mean we do not leave on the dot. We require all our hires to have some flexibility to help accommodate the many medical needs that can arise. We also believe that your personal time is extremely important and as a team we work together to better ensure we leave as timely as possible.

What days and times are you available? (Please circle days)

Monday: If other then all day – please note: \_\_\_\_\_  
Tuesday: If other then all day – please note: \_\_\_\_\_  
Wednesday: If other then all day – please note: \_\_\_\_\_  
Thursday: If other then all day – please note: \_\_\_\_\_  
Friday: If other then all day – please note: \_\_\_\_\_  
Saturday: If other then all day – please note: \_\_\_\_\_

Please list any standing commitments (dates) that you have scheduled that will require your absence:

\_\_\_\_\_

Salary Expectations: \_\_\_\_\_

How did you hear about our job openings? \_\_\_\_\_

Where you referred by an employee of MVVH? \_\_\_\_\_

I certify that my answers are true and correct to the very best of my knowledge. I authorize Mount Vernon Veterinary Hospital to validate the information I have provided. I also understand that MVVH will be contacting the references I have provided. If hired, I also understand that if any false or misleading information has been provided on this application, I understand this may result in termination of employment.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_