



Eagleswood Veterinary Hospital

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

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

Do you have transportation? \_\_\_\_\_ Are you over 18? \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_

If yes, what is the nature of the crime? \_\_\_\_\_

**Position and Availability:**

Position applying for: \_\_\_\_\_ Desired salary or hourly rate: \_\_\_\_\_

Available start date: \_\_\_\_\_ Days of availability: \_\_\_\_\_

Hours of availability: \_\_\_\_\_

**Education and Experience:**

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Military Experience: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Total years in service: \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ Which language? \_\_\_\_\_

Proficiency? \_\_\_\_\_

Are you rabies vaccinated? \_\_\_\_\_ When were you vaccinated? \_\_\_\_\_



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**Employment History:**

Are you currently employed? \_\_\_\_\_

Most recent Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

May we contact for references? \_\_\_\_\_

**References:**

List three references. Two professional and one personal who can provide feedback on your workplace performance and character.

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

If from a previous job, which one? \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

If from a previous job, which one? \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

If from a previous job, which one? \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

**I certify that the information provided in this application is true and complete. I acknowledge that false information is grounds for not hiring me or immediate termination. I authorize the verification of any information listed above. I agree to a background check.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_