

Eagleswood Veterinary Hospital Application

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: _____

College/University: _____ Degree Earned: _____

Graduation Year: _____

Military Experience: _____ Branch: _____ Rank: _____

Total years in service: _____

Do you speak a foreign language? _____ Which language? _____

Proficiency? _____

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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**

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termination. I authorize the verification of any information listed above. I agree to a background check.

Signature: _____ Date: _____