

Alamance Veterinary Hospital

Application for Employment

I. Personal Information:

Full Name _____
 Social Security Number _____ Date of Birth (optional) _____
 Current Address _____

 Current Telephone Number _____ Cell Phone _____
 Position Desired _____ Expected Salary _____
 Would you work Full Time/ Part time? Specify Times _____
 On what date are you available for work? _____

II. Record of Education:

School	Name/Address of School	Course of Study	Number of Yrs Completed	Year Graduated	Diploma/Degree Received
High School					
College					
Vocational					

Other training or courses completed or licenses/certificates you possess?

Do you type? Yes/No _____

Do you have computer experience? Yes/No _____

III. Work History

1. Name of Employer _____
 Address _____
 Phone Number _____ Supervisor and Title _____
 Dates of Employment _____ to _____
 Job Title and Description of Duties _____

 Reason for leaving _____

2. Name of Employer _____
 Address _____
 Phone Number _____ Supervisor and Title _____
 Dates of Employment _____ to _____
 Job Title and Description of Duties _____

 Reason for leaving _____

IV. References

May we contact the employers/organizations listed above? Yes/No

If no, which ones may we contact? _____

Provide the names of three people (excluding relatives) who know your work and to whom we may refer in confidence.

Name _____ Organization/Address _____ Phone No. _____

Name _____ Organization/Address _____ Phone No. _____

Name _____ Organization/Address _____ Phone No. _____

Have you ever been convicted of a felony? Yes/No

If yes, please explain _____

I have read the above information carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I understand that any omission of fact or false or misleading information given in this application for employment, any attachments to it, or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, or disciplinary action, up to and including immediate discharge, as applicable.

Signature

Date