

Veterinary Medical Center
8942 Centreville Road
Easton, Maryland 21601
(410) 822-8505 (410) 758-3404
Fax (410) 820-8328 Email- vmceaston@verizon.net

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Social Security No. _____

Present Address _____

Telephone Number _____

Position(s) Applied For _____

Would you work Full-Time ___ Part-Time ___

Specify days and hours if Part-Time _____

If your application is considered favorably, on what date would you be available for work? _____

List any work experiences, skills, or qualifications that you feel would especially fit you for work at VMC?

Why are you interested in working at a Veterinary Hospital - What are your career goals? _____

EDUCATION RECORD

Please list highest level of education completed, degree received (if any), and name of institution attended.

List any extracurricular activities or special interests (Athletics, Clubs, etc.) _____

WORK HISTORY

1. From _____ to _____ employed by _____

Address _____

Immediate supervisor _____

Job title, duties performed _____

_____ final salary _____

Number of days absent for illness _____

Reason for leaving _____

What did you like about job? _____

What did you dislike about job? _____

2. From _____ to _____ employed by _____

Address _____

Immediate supervisor _____

Job title, duties performed _____

_____ final salary _____

Number of days absent for illness _____

Reason for leaving _____

What did you like about job? _____

What did you dislike about job? _____

3. From _____ to _____ employed by _____

Address _____

Immediate supervisor _____

Job title, duties performed _____

_____ final salary _____

Number of days absent for illness _____

Reason for leaving _____

What did you like about job? _____

What did you dislike about job? _____

4. From _____ to _____ employed by _____

Address _____

Immediate supervisor _____

Job title, duties performed _____

_____ final salary _____

Number of days absent for illness _____

Reason for leaving _____
What did you like about job? _____
What did you dislike about job? _____

References:

Name	Phone Number	Business or Personal
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Upon inquiry, I hereby authorize you, my former employers, or references to furnish information concerning my personal background, or employment record, and I hereby release all such persons from any liability for having furnished this information. I hereby agree to submit to a physical examination if requested by the company. I hereby warrant that the information given by me in this application is true on all respects, and I understand that if I am employed and it is found to be false, that I will be subject to dismissal.

Signature of Applicant

Date

*Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment.