

VETERINARY MEDICAL CENTER

Employment Application



APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Pay Rate			
Position Applied for											
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
EDUCATION											
High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references.</i>											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ADDITIONAL APPLICANT QUESTIONS

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?

List any extracurricular activities, awards, professional affiliations and/or special interests:

Upon inquiry, I hereby authorize you, my former employers, or references to furnish information concerning my personal background, or employment record, I hereby authorize the Hospital to conduct such searches and investigations it feels necessary with respect to this application for employment and consents to the release of such information by any person or persons from which the Hospital seeks such information. 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. **I also understand that a pre-employment drug test must be successfully completed before I am considered an employee.**

*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.

Applicant Signature: _____

Printed Name: _____

Date: _____