



## Employee Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Position of Interest: (check all that apply)

Client Care Representative \_\_\_\_\_

Veterinary Assistant \_\_\_\_\_

Licensed Veterinary Technician \_\_\_\_\_

Education: Please list highest level of education/degree earned and year completed.

Why are you interested in this position(s) here at Fairfax Veterinary Hospital?

Do you have experience working with animals? If yes, what kind of animals and in what capacity?

Do you have any experience working in the medical field? If yes, please indicate name of facility, your position, and how long you worked there.

Do you have experience working in a veterinary practice? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name of practice(s) , your position, and how long you worked there.

Practice Name

Position

Duration of Employment

Employment History: Please provide the name of your last place of employment, your position and duration of employment.

What was your salary at this position? \_\_\_\_\_

May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to lift a 50 pound dog onto a 3 foot table? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work a regular schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

What days and hours are you available to work?

Are you interested in a full-time or part-time position? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Any \_\_\_\_\_

What is your desired salary per hour? \_\_\_\_\_/hour

If offered a position, are you able to provide verification of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed and under 18 years of age, are you able to provide a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony that has not been expunged or sealed by a court? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain. Please note, if yes, this does not necessarily disqualify applicant from consideration.

Please provide three references from non-family members, including contact information.

- 1.
- 2.
- 3.

I hereby assert that I have completed this application and answered the above questions truthfully to the best of my knowledge. I authorize Fairfax Veterinary Hospital to make such investigations and inquiries of the information provided herein. I understand that if I have misrepresented any of the information above or in interviews, this may disqualify me from consideration and employment. I understand that I will be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand if employed, employment will be at will, and I will not have a contract for employment, nor a guarantee of employment. The employer is an Equal Opportunity Employer, and shall treat all employees and applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_