



Liberty Veterinary Hospital

Employment Application

Applicant Information

Full Name: _____ Today's Date: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-mail Address: _____

Cell Phone: () _____ Alternate Contact: _____

We have agreements with other veterinary clinics in this area to share applications if we are not hiring for a particular position immediately. May we have permission to share your information? YES NO

Position Desired: RVT / Vet Asst / Reception / Kennel Asst / Groomer / Other: _____
(circle 1 or more)

Date You Can Start: _____ Desired Salary: \$ _____ / Hour (or) \$ _____ / week

How many hours/week wanted? _____ How many days per week wanted? _____

Please list any schedule restrictions: _____

List any friends or family who work(ed) here: _____

Why do you want to work for us? _____

Some positions may have age and/or driving requirements. Do you have a valid driver's license? YES NO

Are you **16** years of age or older? YES NO Are you **18** years of age or older? YES NO
Are you legally authorized to work in the U.S.? YES NO If still in high school, which grade currently? _____

Education

High School: _____ City, State: _____
Start _____ End _____
Date: _____ Date: _____ Graduate? YES NO Honors: _____

College: _____ City, State: _____
Start _____ End _____
Date: _____ Date: _____ Graduate? YES NO Degree: _____

Honors / Awards: _____

Other School: _____ City, State: _____
Start _____ End _____
Date: _____ Date: _____ Graduate? YES NO Degree: _____

Honors / Awards: _____

Any additional skills? _____

Extracurricular Activities and/or Membership in Civic or Professional Organizations

Group/Activity: _____ Dates Involved: _____

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Previous Employment (list most recent job first, followed by previous job, then third most recent last)

Company: _____ Phone: () _____
City, State: _____ Type of Business: _____
Supervisor's Name: _____ May we contact this person? YES NO

Job Title: _____ Starting Rate: \$ / Hour Ending Rate: \$ / Hour
Job Duties: _____

Starting Date: _____ Ending Date: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
City, State: _____ Type of Business: _____
Supervisor's Name: _____ May we contact this person? YES NO

Job Title: _____ Starting Rate: \$ / Hour Ending Rate: \$ / Hour
Job Duties: _____

Starting Date: _____ Ending Date: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
City, State: _____ Type of Business: _____
Supervisor's Name: _____ May we contact this person? YES NO

Job Title: _____ Starting Rate: \$ / Hour Ending Rate: \$ / Hour
Job Duties: _____

Starting Date: _____ Ending Date: _____ Reason for Leaving: _____

References

Please list three professional references (coworkers, supervisors, clients, vendors, etc. - not friends or relatives).

Full Name: _____ Phone #: () _____
Relationship: _____ How Long Acquainted? _____

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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature: _____ Date: _____