

Today's Date
Date available to begin work

Deepwood Veterinary Clinic
 7300 Ordway Road
 Centreville, VA 20121

An equal opportunity employer

APPLICATION FOR EMPLOYMENT

Name Last First		Social Security Number	
Address City State Zip Code			
Home phone #		Alternative phone #	

Are you a legal U.S. Citizen Yes No		If hired, will you be able to provide authorization of your right to work in the U.S. Yes No	
Job that you are seeking: Full-time Part-time		Position you are seeking:	
Days available to work (please circle) Mon Tues Wed Thurs Fri Sat Sun			

****Hospital Hours are Monday-Friday 7:00am-8:00pm, Saturday & Sunday 8:00am-8:00pm****

How many hours can you work weekly? _____

Can you work nights? _____

Have you applied here before? _____

Salary Desired: _____

If so, when? _____

EDUCATIONAL RECORD

	School Name and address	Circle last grade completed 1 2 3 4	Did you graduate?
High School			
College or Technical School			
Graduate School or other special school			

EMPLOYMENT RECORD

Beginning with your present or last employer, list all previous employment

Please complete all sections of this page, even if you have enclosed a resume.

Name of employer		Address		
Supervisor		Supervisors title & phone number		
Title of your position		Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week
Duties				
May we contact your present employer?				

Name of employer		Address		
Supervisor		Supervisors title & phone number		
Title of your position		Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week
Duties				

Name of employer		Address		
Supervisor		Supervisors title & phone number		
Title of your position		Reason for leaving		
Starting date	Final date	Starting pay	Final pay	Hours worked per week
Duties				

GENERAL INFORMATION

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a valid driver's license _____ Yes _____ No

What is your means of transportation to work? _____

Have you ever been suspended, discharged or asked to leave a job? _____ If yes, explain: _____

Do you have any physical restrictions? _____

Are you able to lift/carry 30 pounds or more _____

PERSONAL REFERENCES

(Give below the names of three people not related to you whom you have known at least one year)

Name	Address	Phone Number	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any or all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____