**APPLICATION FOR EMPLOYMENT**

Shiloh Veterinary Hospital is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name Date
           Last                          First                            Middle

Address
               Number & Street City  State Zip Code

Email Phone Number

Position Sought Full Time Part Time

How did you hear about the position?

Date Available Hourly Wage Desired

Social Security Number Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No
**(If offered employment, you will be required to provide documentation to verify eligibility.)**

Have you ever been previously interviewed by SVH?    \_\_\_ Yes \_\_\_ No If yes, please state the position and date:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?
 \_\_\_ Yes \_\_\_ No If yes, explain:
**(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).**

**EDUCATION:** Please indicate education/training which you believe qualifies you for the position.

**High School**: Number of Years Completed (circle one) 1   2   3   4

**Diploma**: \_\_\_ Yes \_\_\_ No     **G.E.D.**: \_\_\_ Yes \_\_\_ No

School(s) City/State

**College and/or Vocational School:** Number of Years Completed (circle one) 1   2   3   4

School(s) City/State

Major Degrees Earned

**Other Training or Degrees:**

School(s) City/State

Course Degree or Certificate Earned

**PROFESSIONAL** **LICENSE** OR **MEMBERSHIP:**

Type of License(s) Held: State:

License Number: Exp. Date:

Other Professional Memberships:

**SKILLS:** Office Skills: Please check all that apply. Please note that you may be required to taking a typing skills test, a phone skills test, and/or a grammar/spelling test as part of the hiring decision process.

Typing: \_\_\_ Yes \_\_\_ No When was this last measured? WPM

Dictation: \_\_\_ Yes \_\_\_ No \_\_\_\_ Where was this required?

Multi-line Phone System: \_\_\_ Yes \_\_\_ No \_\_\_\_

Data Entry: \_\_\_ Yes \_\_\_ No \_\_\_\_ Where was this required?

Veterinary Software (Avimark, ImproMed, etc.)

Other Software Skills (Word, Quick Books, HTML)

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

Present Employer:

Address:

Telephone: Position:

Dates of Employment: From: (mo/yr) To: (mo/yr)

\_\_\_ FT \_\_\_ PT. Number of Hours per Week

Salary: Supervisor: Department

Duties:

Reason for Leaving:

Permission to contact this person and verify employment information: \_\_\_ Yes \_\_\_ No

Previous Employer:

Address:

Telephone: Position:

Dates of Employment: From: (mo/yr) To: (mo/yr)

\_\_\_ FT \_\_\_ PT. Number of Hours per Week

Salary: Supervisor: Department

Duties:

Reason for Leaving:

Permission to contact this person and verify employment information: \_\_\_ Yes \_\_\_ No

Previous Employer:

Address:

Telephone: Position:

Dates of Employment: From: (mo/yr) To: (mo/yr)

\_\_\_ FT \_\_\_ PT. Number of Hours per Week

Salary: Supervisor: Department

Duties:

Reason for Leaving:

Permission to contact this person and verify employment information: \_\_\_ Yes \_\_\_ No

Previous Employer:

Address:

Telephone: Position:

Dates of Employment: From: (mo/yr) To: (mo/yr)

\_\_\_ FT \_\_\_ PT. Number of Hours per Week

Salary: Supervisor: Department

Duties:

Reason for Leaving:

Permission to contact this person and verify employment information: \_\_\_ Yes \_\_\_ No

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? \_\_\_ Yes \_\_\_ No

If yes, explain:

**REFERENCES:**

**Professional** **References (please provide three)**

Name: Business:

This person’s title: Relationship:

Address:

Phone   (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to contact this person and verify employment information \_\_\_ YES \_\_\_ NO

Name: Business:

This person’s title: Relationship:

Address:

Phone   (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to contact this person and verify employment information \_\_\_ YES \_\_\_ NO

Name: Business:

This person’s title: Relationship:

Address:

Phone   (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to contact this person and verify employment information \_\_\_ YES \_\_\_ NO

I hereby attest that I have provided the above information as honestly and accurately as can be reasonably expected. I also understand, that if I am offered employment and any pertinent information is found to be false, that the employee/employer relationship may be severed.

Signature: Date: