

Manchester Veterinary Clinic
Employment Application: An Equal Opportunity Employer

Please PRINT in BLUE or BLACK INK	Leave <u>NO</u> blanks	Write "N/A" if not applicable
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Personal Information			
Name (Last, First, M.I.):			
Present Address:			
Previous Address: (if at present address less than 5 years)			
Best Contact:		home cell	Other Contact:
		home cell	
Email:			

Work Eligibility	
Are you legally permitted to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you been convicted of a felony or misdemeanor within the last 5 years? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, describe:	
Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	
If under 18, please specify date of birth: _____	

Employment Information		
Check box for position(s) preferred: <input type="checkbox"/> Receptionist <input type="checkbox"/> Animal Care Attendant/ Nurse <input type="checkbox"/> Maintenance/ Cleaner <input type="checkbox"/> Veterinary Assistant <input type="checkbox"/> Veterinary Technician/ CVT	Check only one box: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time	Have you ever applied here before? <input type="checkbox"/> yes <input type="checkbox"/> no When? _____ Have you been interviewed before? <input type="checkbox"/> yes <input type="checkbox"/> no Salary Desired? _____

Education/ Training History (list colleges, military, trade, business or others schools attended)				
Do you have a high school diploma or GED certificate? <input type="checkbox"/> yes <input type="checkbox"/> no				
A	Name and Location of School, College or University	Course of Study (List Major)	Credits Earned	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Date

MI

First

Last

Work History		
Job 1 (current or most recent position)		
Name of Employer:		Address & Phone #:
Kind of Business:		Supervisors name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
From:	To:	Reason for leaving?
Starting hourly salary:	Ending hourly salary:	Average hours per week:
Duties you preformed:		
Job 2		
Name of Employer:		Address & Phone #:
Kind of Business:		Supervisors name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
From:	To:	Reason for leaving?
Starting hourly salary:	Ending hourly salary:	Average hours per week:
Duties you preformed:		
Job 3		
Name of Employer:		Address & Phone #:
Kind of Business:		Supervisors name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
From:	To:	Reason for leaving?
Starting hourly salary:	Ending hourly salary:	Average hours per week:
Duties you preformed:		

Personal/ Character References: (Please list 3 people that you have known for longer than 2 years, do not list any family members)	
Reference 1	
Name:	Relationship:
Company Name:	Contact number:
Address:	
Reference 2	
Name:	Relationship:
Company Name:	Contact number:
Address:	
Reference 3	
Name:	Relationship:
Company Name:	Contact number:
Address:	

Schedule Availability							
Please be advised that the position, for which you are applying, requires weekday, evening, and Saturday hours. Most positions also require Sunday and holiday hours. Please note that this application does not guarantee the hours requested will be offered.							
Please indicate in the boxes below what hours you can be available to work on each day.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
<u>Minimum</u> number of hours in a single week?				<u>Maximum</u> number of hours in a single week?			
Willing to work overtime? <input type="checkbox"/> yes <input type="checkbox"/> no				Willing to work holidays? <input type="checkbox"/> yes <input type="checkbox"/> no			
Willing to work weekend shifts? <input type="checkbox"/> yes <input type="checkbox"/> no				Do you have a preference for: <input type="checkbox"/> days <input type="checkbox"/> nights <input type="checkbox"/> days and/or nights			

"I certify that the facts contained in this application are true and complete 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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature: _____	Date: _____
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