

**Manchester Veterinary Clinic**  
**Employment Application: An Equal Opportunity Employer**

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

<b>Work Eligibility:</b>	
Are you legally permitted to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no	*Proof will be required upon employment*
Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no	If under 18, please specify date of birth: _____

<b>Employment Information:</b>		
Check box for position(s) preferred: <input type="checkbox"/> CSR/ Receptionist <input type="checkbox"/> Animal Care Attendant/ Nurse <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? _____

<b>Education/ Training History (list colleges, military, trade, business or others schools attended)</b>				
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

Date  
MI  
First  
Last

Work History: Please list your work experience for the past five years beginning with your most recent job held. Attach additional sheets if necessary. Please complete even if you are providing a resume.

Job 1

Name of Employer:		Address & Phone #:
Kind of Business:		Supervisor's name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Starting date:	Average hours per week:	Reason for leaving (be specific)?
Ending date:		

Duties you performed:

Job 2

Name of Employer:		Address & Phone #:
Kind of Business:		Supervisor's name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Starting date:	Average hours per week:	Reason for leaving (be specific)?
Ending date:		

Duties you performed:

Job 3

Name of Employer:		Address & Phone #:
Kind of Business:		Supervisor's name:
Job Title:		May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Starting date:	Average hours per week:	Reason for leaving (be specific)?
Ending date:		

Duties you performed:

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:
Contact number/Info:	Years known:
Address:	

Reference 2

Name:	Relationship:
Contact number/Info:	Years known:
Address:	

Reference 3

Name:	Relationship:
Contact number/Info:	Years known:
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							

Minimum number of hours in a single week?

Maximum number of hours in a single week?

Willing to work overtime?  yes  no

Willing to work holidays?  yes  no

Willing to work weekend shifts?  yes  no

Do you have a preference for:  
 days  nights  days and/or nights

Use the space below to summarize any additional information necessary to describe your qualifications for the specific position for which you are applying, including any applicable certifications or specialized training.

Use the space below to answer why you are the best candidate.

#### APPLICANT STATEMENT

I certify that all information I have provided in this application is true and complete. I certify that any other documents and information that I have provided or will provide to Manchester Veterinary Clinic (MVC) during the application process are true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application, and authorize MVC to contact the persons and entities named in this application in order to provide any relevant information that, in MVC's discretion, may be useful in hiring decisions. I further authorize the persons and entities named in this application to respond fully and openly to MVC's inquiries. I release MVC and these persons and entities from all liability concerning such inquiries or the response(s) to such inquiries.

I understand that this application or subsequent employment does not create a contract of employment for any definite period of time. If I am employed by MVC as a result of this process, I understand that I have been hired at the will of MVC and that my employment may be terminated by me or by MVC at any time, with or without cause or notice. I understand and agree that no promises of continued employment for any specified periods of time are binding or enforceable unless made in writing and signed by me and an authorized representative of MVC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application and for your interest in Manchester Veterinary Clinic.