

EMPLOYMENT APPLICATION
ARNOLD VETERINARY HOSPITAL
1414 Ritchie Hwy.
Arnold, Md. 21012
410-757-7645

Date: _____

Applicant Information – Name: _____

Address: _____

Home Phone: _____ Mobile : _____

Apply For: Full-time ___ Part-time ___ Full-time Temporary ___ Part-time Temporary ___

Position Wanted: Receptionist ___ Technician ___ Animal Care ___

Educational Background: High School _____ Graduated ()Yes ()No ()GED
College _____ Graduated ()Yes ()No

Qualifications/Skills: Computer Experience ___ Animal Experience ___

Work History: (Begin with most recent)

Employer: _____ From _____ To _____
Address: _____ Salary _____
Duties: _____ Hours/Wk _____
Reason for leaving: _____

Employer: _____ From _____ To _____
Address: _____ Salary _____
Duties: _____ Hours/Wk _____
Reason for leaving: _____

Employer: _____ From _____ To _____
Address: _____ Salary _____
Duties: _____ Hours/Wk _____
Reason for leaving: _____

References: Full Name Home or Business Address Phone Number Occupation

1. _____
2. _____
3. _____

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Employment Application Questionnaire

Have you ever worked for a veterinarian before? ()Yes ()No If so where? _____

Do you enjoy meeting the public? ()Yes ()No

Do you smoke? ()Yes ()No

Do you own any pets? Please list

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Have you ever been discharged by an employer? ()Yes ()No

If so, give: Employer _____
Address _____
Reason for discharge _____

Would you have any difficulty lifting a 35 pound dog into a cage four feet off the floor? ()Yes ()No

What salary and fringe benefits would you expect after 1 year employment? _____

Why do you want to work? _____

Do you expect to be out of town any specific holidays? ()Yes ()No

Are you willing to do your share of weekend pet care? ()Yes ()No

Why should you be selected for the next available open position? _____

This application does not constitute a written employment agreement.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employer is an at-will relationship and that the employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.

I hereby grant permission to the company to investigate the information contained in this application and release the company and any agents or other persons acting on behalf of the company from any and all liability relating to any investigation of the information contained in this application. I also grant you permission to obtain a credit report on myself.

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Signature of Applicant

Date
