

Application for Employment Lexington Veterinary Group, PC.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors. Lexington Veterinary Group is a drug-free workplace.

Application Information:

Date: / / Email Address:

Social Security Number: - - Date of Birth:

Name:
(Last) (First) (MI)

Present Address:

APT #:
(Street)

(City) (State) (Zip)

Telephone: (Day) (Night)

Employment Information:

Full time Part time Weekend hours Per Diem

Days & Hours Available: *Please mark all that apply*

<input type="checkbox"/>	Monday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Tuesday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Wednesday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Thursday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Friday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Saturday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM
<input type="checkbox"/>	Sunday	Hours: Start time: _____ AM	PM	End time: _____ AM	PM

How many hours per week total can you work?

When are you available to start working: Date: / /

Are you legally eligible for employment in the United States? Yes No

Position applying for:

Receptionist Veterinary Assistant Kennel

Do you have any friends or relatives working here? No Yes, if yes, please list:

Have you previously sent us your resume or filled out an application here? No Yes, if yes, please list date(s) submitted and how information was submitted.

Date resume or application submitted:

Submitted by: (please circle) fax email dropped off in person

Have you ever worked in a veterinary hospital? No Yes, explain:

- 1. Job title:
- 2. Job description:

Are you a licensed or certified veterinary technician? No Yes

Educational Experience:

- 1. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- 2. If you did not complete high school, do you have a high school equivalency diploma: Yes No
- 3. Circle number of years post high school education: 1 2 3 4 5 6 7

School	Name	Address	Dates Attended From To		Type of degree received	Major course of study	Did you graduate?
High School							
Technical or Business							
College or University							

Have you ever been convicted of a crime? No Yes, if yes please answer below

- 1 number of conviction(s): _____
- 2 nature of offense(s) leading to conviction(s)
- 3 how recently such offense(s) was/were committed
- 4 sentence imposed
- 5 type of rehabilitation

List additional experience, skills, knowledge and abilities that you possess:

Work Experience:

Beginning with your **present or most recent** employment or volunteer experience and working backward, list all positions held which are necessary for determining your eligibility for employment. **List all positions (titles) separately; even if with same employer.** Clearly describe the work (duties) you personally performed. ***You must fill out this section completely even if a resume is being attached or application will not be accepted.***

Business References:

- 1.

Name	Phone	Relationship
- 2.

Name	Phone	Relationship
- 3.

Name	Phone	Relationship

1st most recent job:

Name of company: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: (Day) _____

Type of business: _____

Supervisor Name: _____

Job title: _____

Dates of employment: *From:* ____ / ____ / ____

To: ____ / ____ / ____

Total time: _____

Salary or Wage: \$ _____ per _____

Hours per week: _____ (FT or PT)

Reason for leaving: _____

Brief description of job duties: _____

2nd most recent job:

Name of company: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: (Day) _____

Type of business: _____

Supervisor Name: _____

Job title: _____

Dates of employment: *From:* ____ / ____ / ____

To: ____ / ____ / ____

Total time: _____

Salary or Wage: \$ _____ per _____

Hours per week: _____ (FT or PT)

Reason for leaving: _____

Brief description of job duties: _____

3rd most recent job:

Name of company: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: (Day) _____

Type of business: _____

Supervisor Name: _____

Job title: _____

Dates of employment: *From:* ____ / ____ / ____

To: ____ / ____ / ____

Total time: ____

Salary or Wage: \$ _____ per _____

Hours per week: _____ (FT or PT)

Reason for leaving: _____

Brief description of job duties: _____

I certify that the answers given by me are true and correct with consequential omissions of any kind whatsoever. I also agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also understand that if a position is offered to me that I will consent to a drug test. I also consent that you may contact references, former employers and education institutions listed regarding this application.

Signature of applicant

Date