



## Gentle Care Animal Hospital

1365 Thomas Jefferson Road  
Forest, VA 24551  
(434)534-9894

### Application for Employment

By Virginia State Law, you **MUST** be 16 years of age or older to work in a veterinary clinic.

**A.**

Name \_\_\_\_\_ Date you are submitting application \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ email: \_\_\_\_\_  
Do you have a driver's license? \_\_\_\_\_ DL# \_\_\_\_\_  
Do you have the right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ On a restricted basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you applied here previously? Yes \_\_\_\_\_ No \_\_\_\_\_  
How did you learn about this opening? \_\_\_\_\_  
What is the highest level of education you have completed? \_\_\_\_\_  
Are you currently in school? \_\_\_\_\_ Where? \_\_\_\_\_  
What degree are you pursuing? \_\_\_\_\_  
What position are you applying for? \_\_\_\_\_ Salary desired \_\_\_\_\_  
Employment desired \_\_\_\_\_ Full time only \_\_\_\_\_ Part time only \_\_\_\_\_ Full or part time  
When would you be available to begin work? \_\_\_\_\_  
Days/hours available to work:  
No preference \_\_\_\_\_ Thursday \_\_\_\_\_  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

Have you ever been convicted of a felony or any crime involving theft? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Note: A conviction will not necessarily disqualify an applicant for employment. The circumstances of any conviction will be considered in light of the position that you are seeking.

If yes, please describe the circumstances surrounding the conviction: \_\_\_\_\_

Please fill in the following information regarding your last 3 jobs (beginning with the most recent):

Employer	Employment dates	Pay or salary
Address	From	Start
	To	Final
Phone number	Job title	
Supervisor's name		
If you are still employed here, may we contact your supervisor?		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Employer	Employment dates	Pay or salary
Address	From	Start
	To	Final
Phone number	Job title	
Supervisor's name		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Employer	Employment dates From To	Pay or salary
Address		Start Final
Phone number	Job title	
Supervisor's name		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Phone # _____	Phone # _____

Please complete the below exercises:

Alphabetize by last name

John Smith \_\_\_\_\_  
 Denise Atwater \_\_\_\_\_  
 Jim Smithson \_\_\_\_\_  
 Walter Wiley \_\_\_\_\_  
 Bill St. John \_\_\_\_\_

Have you ever dealt with an abrasive client? Y? \_\_\_\_ N? \_\_\_\_

Have you ever dealt with an aggressive dog? Y? \_\_\_\_ N? \_\_\_\_

Have you ever dealt with an aggressive/feral cat? Y? \_\_\_\_ N? \_\_\_\_

If applying for an Assistant or Technician position please fill out section B

**B.**

License number (if applicable): \_\_\_\_\_

Have you ever administered medications to hospital pets Y? \_\_\_\_ N? \_\_\_\_ N/A \_\_\_\_

LVT Proficient: How much work experience have you had with Dentals, IVC, blood draws? <1 yr. \_\_\_\_ >1 yr. \_\_\_\_

Besides stating that "you love animals", why are you interested in working in a veterinary clinic? \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (especially if you have any previous animal experience that is not covered in your employment history)

#### Authorization

"I certify that the facts contained in this application are true 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 and employers listed above to give you all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of any such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

X

Applicant's Signature

X

Date