



Valley Animal Hospital

58 W 16th Street
 Merced, CA 95340
 (209) 384-7387

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street				Apartment #	
City		State		ZIP	
Phone		E-mail			
Date Available		Hours Available		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

PREVIOUS EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			

EXPERIENCE AND SKILLS

Office Skills	Experience		Skill Level?			Animal & Clinical Skills	Experience		Skill Level?		
			Fair	Good	Exc.				Fair	Good	Exc.
Telephone	YES <input type="checkbox"/>	NO <input type="checkbox"/>				Restraint	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Computer	YES <input type="checkbox"/>	NO <input type="checkbox"/>				Injections	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Charting	YES <input type="checkbox"/>	NO <input type="checkbox"/>				Venipuncture	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Scheduling	YES <input type="checkbox"/>	NO <input type="checkbox"/>				Radiographs	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Retail Sales	YES <input type="checkbox"/>	NO <input type="checkbox"/>				IV Catheter	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
<p>I certify the information contained in the application is true and correct to the best of my knowledge and agree to have any of the statements verified unless I have indicated to the contrary. I authorize the references listed as well as all other individuals who may be contacted to provide all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties from any and all liability for any damages that may result from furnishing such information as well as from the use of disclosure of such information by the employer or any of its agents, employees or representatives. If this application leads to employment, I understand that false or misleading information in my application or interview will result in my immediate dismissal.</p>	
Signature	Date