



3025 Dundee Road
 Winter Haven, FL 33884
 Ph: 863 324-3340 Fax: 863 325-8658
 vhavets@yahoo.com

Date _____

Name _____

Address _____

Position Desired _____

Who referred you to this facility? _____ Ever applied here before _____

Telephone Number () _____ Alternate number () _____

Employment Eligibility

Do you have legal right to work in the U.S.? Yes / No	Are you 18 years of age or older? Yes / No If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes / No If yes, which ones(s) _____	Have you ever been convicted of a felony crime? Yes / No Are there any criminal charges pending against you? Yes / No
I understand that if I am considered for employment, hospital policy requires that I submit to a background check as part of the pre-employment screening process. Signature _____	We are a Drug-Free Workplace. I understand that if I am a considered for employment I would be required to submit samples for drug and alcohol testing prior to my employment. Signature _____

Education

Education	Name of School	City/State	Degree / Major
High School			
College / University			
Graduate School			
Trade School			

Employment History

Employers Name	Employers Address	Position / Job Duties	Separation
			Reason for leaving:
			Reason for leaving:
			Reason for leaving:
Veterinary work is often physical. Patient care personnel must be able to lift up to 50lbs. Is there any reason that this might be a problem for you?			
Do you authorize us to contact your previous and present employer for reference prior to employment with this business? Yes / No			
Authorized signature:		Date:	
Is there anything else you would like us to know about you?			

Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results and satisfactory work references by Veterinary Healthcare Associates. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of employment. I hereby authorize my past and present employers to furnish Veterinary Healthcare Associates with their records of my employment.

Signature _____

Date _____

----- **Do Not Write Below This Line** -----

Called for interview: _____ Interview scheduled: _____ arrived: _____

Interviewed By: _____ Date: _____ FT PT (hrs: _____)

Scheduling restraints: _____

Remarks: