



Toebeans & Tails Veterinary Hospital

5561 Cardinal Place, Alexandria, VA 22304

Phone: (703) 988-4181

info@toebeansandtailsvet.com

Find us on:



APPLICATION FOR EMPLOYMENT

Toebeans & Tails Veterinary Hospital is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ - _____ - _____ Email: _____

Position Sought: _____ Full Time Part Time

How did you hear about the position? _____ Hourly Wage Desired: _____

Date Available: ____ / ____ / ____ SSN: _____ Are you over 18 years old? Yes No

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

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been previously interviewed by Toebeans & Tails Veterinary Hospital? Yes No

If yes, please state the position: _____ Date interviewed: ____ / ____ / ____

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, please explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EDUCATION: Please indicate education/training which you believe qualifies you for the position.

High School: Number of Years Completed (*check one*) **1 2 3 4**

Diploma: Yes No **G.E.D.:** Yes No

School(s): _____ City/State: _____

College and/or Vocational School: Number of Years Completed (*check one*) **1 2 3 4**

School(s): _____ City/State: _____

Course: _____ Degrees Earned: _____

Other Training or Degrees:

School(s): _____ City/State: _____

Major: _____ Degree or Certificate Earned: _____



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PROFESSIONAL LICENSE OR MEMBERSHIP: Please indicate education/training which you believe qualifies you for the position.

Type of License(s) Held: _____ State: _____

License Number: _____ Exp. Date: ____/____/____

Other Professional Memberships: _____

SKILLS: Office Skills: Please check all that apply. Please note that you may be required to taking a typing skills test, a phone skills test, and/or a grammar/spelling test as part of the hiring decision process.

Typing | When was this last measured? _____ WPM: _____

Dictation | Where was this required? _____

Multi-line Phone System

Data Entry | Where was this required? _____

Veterinary Software (Avimark, ImproMed, etc.) _____

Other Software Skills (Word, Quick Books, HTML) _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

Present Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ Position: _____

Dates of Employment: From: ____/____ (mo/yr) To: ____/____ (mo/yr) FT PT # of Hours per Week: _____

Salary: _____ Supervisor: _____ Department: _____

Duties: _____

Reason for Leaving: _____

Permission to contact this person and verify employment information: Yes No

Present Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ Position: _____

Dates of Employment: From: ____/____ (mo/yr) To: ____/____ (mo/yr) FT PT # of Hours per Week: _____

Salary: _____ Supervisor: _____ Department: _____

Duties: _____

Reason for Leaving: _____

Permission to contact this person and verify employment information: Yes No



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Duties: _____

Reason for Leaving: _____

Permission to contact this person and verify employment information: Yes No

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____



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PROFESSIONAL REFERENCES: (please provide three)

Name: _____ Business: _____
Person's Title: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ - _____ - _____
Permission to contact this person and verify employment information: Yes No

Name: _____ Business: _____
Person's Title: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ - _____ - _____
Permission to contact this person and verify employment information: Yes No

Name: _____ Business: _____
Person's Title: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ - _____ - _____
Permission to contact this person and verify employment information: Yes No

I hereby attest that I have provided the above information as honestly and accurately as can be reasonably expected. I also understand, that if I am offered employment and any pertinent information is found to be false, that the employee/employer relationship may be severed.

Signature: _____ Date: ____/____/____