

PETCHESTER VETERINARY EMPLOYMENT APPLICATION

309 White Plains Road Eastchester, NY 10709

T-914-771-7387 F-914-771-7385 <u>E-petchestervets@gmail.com</u>

APPLICATION INFORMATION										
Full Name:						Date:				
	Last First				М.І.					
Address:										
	Street Addr	ess						Apartme.	nt/Unit #	
	Cit.						Ctata	7/0.00		
	City						State	ZIP Code)	
Phone:					Email					
Emergency	Contact: (1	Name, Relationsh	ip and Tel	ephone #)	:					
Date Available: Social Security No.:_			rity No.:	Desired Salary:\$						
Position App	plied for:									
• •	_		YES						YES NO	
Are you a ci	itizen of the	e United States?			If no, a	re you a	authorized to	work in the U.S.?		
YES NO Have you ever worked for our hospital? If yes, when?										
			YES	S NO						
Have you e	ver been co	onvicted of a felor	ny?							
If yes, expla	ain:									
				EDUC	ATION					
High Schoo	l:			Address:						
From:		To:	Did you	araduate?	YES	NO	Diploma::			
			-	_						
College:				Address:						
From:		To:	Did you	graduate?	YES	NO	Degree:_			
				, tadi 000.						
From:		To:	Did you	graduate?	YES	NO	Degree:			

REFERENCES Please list three professional references. Full Name: Relationship: Company: Phone: Address: Relationship: Full Name: Company: Phone: Address: Full Name: Relationship: Company: Phone: Address: **PREVIOUS EMPLOYMENT** Company: Phone: Supervisor: Address: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Phone: Company: Phone: Supervisor:____ Address: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Phone:_____

Company:		Phone	:				
•	Pnone:						
Job Title:	Starting Salary: \$	Ending S	Ending Salary:				
Responsibilities:							
		on for Leaving:					
May we contact your previous supervisor	YES NO						
ANIMAL	. WORK OR VOLUNTEER EXP	PERIENCE					
Job Title	F	rom:	To:				
Responsibilities:							
Job Title	F	rom:	To:				
Responsibilities:							
Job Title	F	rom:	To:				
Responsibilities:							
	DISCLAIMER AND SIGNATUR						
I certify that my answers are true and c	complete to the best of my knowled	lge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.							
Signature:		Date:					
Legal Printed Name:							
Birth Date:	New York Driver's License #						