

COUNTRYSIDE VETERINARY SERVICE INC.
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)
We Are a Drug Free Workplace

PERSONAL

Date _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Telephone Number: _____ Other: _____

Social Security Number: _____ Would you work _____ Full time _____ Part time

Position applied for: _____ Rate of pay expected _____ per week

Specify days and hours if part time _____

Were you previously employed by this organization? _____ If yes, when _____

List any friends or relatives working here, other than a spouse _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age. For jobs with minimum requirements:

Are you 16 years of age or older?..... YES ___ NO ___

Do you have a valid driver's license?..... YES ___ NO ___

Driver's license number _____ Class of license _____

Have you had your driver's license revoked/suspended in the last year?..... YES ___ NO ___

If hired, can you furnished proof you are eligible to work in the U. S.?..... YES ___ NO ___

Do you smoke?..... YES ___ NO ___

Have you ever been convicted of a felony?..... YES ___ NO ___

(A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered)

If yes, please explain _____

Have you previously applied here?..... YES ___ NO ___

If yes, please explain _____

Have you worked for any other firm under a different name?..... YES ___ NO ___

If yes, please give name _____

Are you able to routinely lift a minimum of 40 pounds?..... YES ___ NO ___

Can you perform the duties of the job you are applying for?..... YES ___ NO ___

PERSONAL REFERENCES (not former employers or relatives)

Name and occupation	Address	Phone number

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (do not include racial, religious, or nationality groups)

Name or description of organization	Active participation (dates)	Offices held

EDUCATION RECORD- Non-veterinarians Only

Name of school	Degree Awarded	Grade average Honors
High School		
College or University		
Business, Trade, Correspondence or Night School		
Other		
Do you type? <input type="checkbox"/> Yes Manual machines <input type="checkbox"/> WPM <input type="checkbox"/> Yes electronic machines <input type="checkbox"/> WPM	Shorthand? <input type="checkbox"/> WPM	Office machines and computers know how to operate?

EDUCATION RECORD- Veterinarians Only

Name of school	Degree Awarded	Grade average Honors
High School		
College or University(pre-veterinary)		
College (Veterinary Curriculum)		
Postgraduate training, including internships (include dates and degrees awarded, if any)		
Are you board certified Board eligible Which specialty board?		
List continuing education courses attended in the past 18 months		
List the states in which you are licensed to practice along with license numbers:		

**A current copy of your license or certification will be required upon hire.

WORK HISTORY (begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company	Business Address	City	State	Phone No.
Type of business	Immediate Supervisor	Dates employed		
		From	To	
Exact Job Title	Earnings at hire	At termination		
Description of Duties				
Reason for termination				

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Reason for termination				

AFFIDAVIT

I certify that all information I have provided in this application is true and complete, I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at later date. I understand the employer may request an investigative consumer report from a consumer agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a firing decision. I release such persons and organizations from any legal liability in making such statements. I understand that this application or subsequent employment does not create a contract of employment nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand, and my signature consents to these statements.

I am aware that the Company has a Drug Free Workplace Program and that I will be required to take a pre-employment drug test on the date instructed as a part of the pre-employment process.

Signature _____ Date _____