



Application for Employment

- ✓ Please complete this application by typing or printing in ink. Do not write "See Resumé." INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, or disability.

Applicants who are considered qualified for a position will be background checked. Applicants may be tested for illegal drugs. Former and current employers will be contacted.

Personal Data

Personal Data				
Name (Last)	(First)	(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone
Email Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Most Recent Branch of Service (If Military Service)	Date of Entry	Date of Discharge		

Position

Position	
Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Desired	
Date Available	

Education and Training

Education and Training		
Check One <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Still in High School	Current Grade _____	GPA (Required)
Post Secondary Degree? <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD		
Name of School Beyond High School	Training Length	
Major	Minor	
Occupational License/Certificate Type	Number	Where Issued
Expiration Date		
Languages Other Than English Proficient In		

Special Skills

List All Pertinent Skills and Equipment You Can Operate

Work Experience

Employer Name and Address		Telephone
		From (Month/Year)
		To (Month/Year)
		Hours Per Week
Job Title	Supervisor	Last Salary
Reason for Leaving		
Specific Duties		
Employer Name and Address		Telephone
		From (Month/Year)
		To (Month/Year)
		Hours Per Week
Job Title	Supervisor	Last Salary
Reason for Leaving		
Specific Duties		

Attach additional pages for more employers.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for immediate dismissal. I understand I WILL be background checked prior to an offer of employment and I give approval for this background check. I also understand that neither this application nor a commitment of employment by Medical Lake Veterinary Hospital constitutes a contract of employment. I give permission for Medical Lake Veterinary Hospital to contact my current and former employer(s) for a reference check. I understand any information from reference checks is confidential and will not be disclosed to anyone.

Signature of Applicant _____ Date _____