

Wellington Veterinary Clinic
P.O. Box 387 · 45015 St. Rt. 18
Wellington, OH 44090
440-647-4100

Application for Employment

Personal Data

Today's Date: _____

Name: _____

Social Security No. _____

(Required as a condition of employment- Confidential)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternative Phone: _____

If necessary, best time to call you: _____

Are you 18 years of age or older? Yes _____ No _____

If employed, can you provide proof of a valid driver's license? Yes _____ No _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

(Proof of citizenship will be required.)

Position Applying for: _____

Type of employment desired: Full-time _____ Part-time _____

Can you work Saturday mornings & evenings until 8pm? Yes _____ No _____ If no, explain _____

Do you need primary health insurance coverage? Yes _____ No _____

Education Record

High School _____ Dates Attended: _____ Degree? _____

College/University _____ Dates Attended: _____ Degree? _____

Trade or Technical Training _____ Dates Attended: _____ Degree? _____

Employment History

*Begin with your **most recent** employment. Write on the back if you need more space or attach a resume.*

1. Employer: _____ Mo/Yr of employment: From: _____ To: _____

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

Phone No: _____ Beginning salary: _____ Ending salary: _____

Title & Duties: _____

Manager's Name: _____ Reason for leaving: _____

Continue on the next page

2. Employer: _____ Mo/Yr of employment: From: ____ To: ____

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

Phone No: _____ Beginning salary: _____ Ending salary: _____

Title & Duties: _____

Manager's Name: _____ Reason for leaving: _____

3. Employer: _____ Mo/Yr of employment: From: ____ To: ____

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

Phone No: _____ Beginning salary: _____ Ending salary: _____

Title & Duties: _____

Manager's Name: _____ Reason for leaving: _____

Personal Data

Answering yes to the following question does not necessarily disqualify an applicant from employment. Factors such as date of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever pled "Guilty," "No Contest" to, **or** been Convicted of a crime? Yes ____ No ____

If yes, please provide dates and details: _____

Are you able to perform all of the job related functions of the position for which you are applying?

Yes ____ No ____ Please explain: _____

References

Names of friends or relatives who are employed or have been employed at this company:

List 3 **Professional References** who are familiar with the quality of your work, have worked directly with you, or have known you for at least two years:

1. Reference: _____ Address: _____
Relationship: _____ City: _____ State: _____
Phone No: _____ Alternative phone no: _____

2. Reference: _____ Address: _____
Relationship: _____ City: _____ State: _____
Phone No: _____ Alternative phone no: _____

3. Reference: _____ Address: _____
Relationship: _____ City: _____ State: _____
Phone No: _____ Alternative phone no: _____

By signing below I am verifying that the information provided on this application is accurate to the best of my knowledge and I understand that any false information, omissions, or misrepresentation of facts may result in denial of my application, or if I am employed, discharge at any time.

Applicant Signature: _____ **Date:** _____

Wellington Veterinary Clinic, Inc. is an equal opportunity employer & will not discriminate on the basis of sex, race, color, religion, national origin, age over 40, or for qualified disabilities. WVC is an employment-at-will employer with a drug-free & harassment-free workplace.