

Application For Employment

Florida Veterinary Referral Center is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis including race, color, age, sex, religion, national origin, or any other basis prohibited by federal, state, or provincial law.

Please complete the entire application

Personal Information

NAME (LAST)	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	DATE
PRESENT ADDRESS	STREET	CITY	STATE/PROVINCE	ZIP CODE
PHONE NUMBER	DAYTIME	EVENING	CELL	OTHER
POSITION APPLYING FOR	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL	<input type="checkbox"/> SEASONAL
	<input type="checkbox"/> OTHER			
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH FVRC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN? _____	
ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<small>ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETING FORM I-9 AND PROVIDING DOCUMENTS ESTABLISHING IDENTITY AND WORK AUTHORIZATION.</small>				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Availability

FVRC IS A 24-HOUR FACILITY. ARE THERE ANY RESTRICTIONS ON DAY OR HOURS YOU CAN WORK? IF YES, PLEASE ADVISE.

WHAT DATE WOULD YOU BE AVAILABLE TO START WORKING? _____

HOURS AVAILABLE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Educational Data

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	GRADUATED	DEGREE	MAJOR	MINOR
HIGH SCHOOL	FROM (MO./YR.) TO (MO./YR.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE/OTHER	FROM (MO./YR.) TO (MO./YR.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
GRADUATE SCHOOL	FROM (MO./YR.) TO (MO./YR.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

ARE YOU PRESENTLY ENROLLED IN SCHOOL? _____

IF YES, WHERE? _____

Employment History

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:

IMMEDIATE SUPERVISOR:

()

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? ()
FROM (MO./YR.)	TO (MO./YR.)			

REASON(S) FOR LEAVING

DESCRIBE YOUR DUTIES:

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:

IMMEDIATE SUPERVISOR:

()

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? ()
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FROM (MO./YR.)	TO (MO./YR.)			

REASON(S) FOR LEAVING:

DESCRIBE YOUR DUTIES:

Other Accomplishments

PLEASE LIST BELOW ANY OTHER JOB RELATED ACCOMPLISHMENTS, PROFESSIONAL DISTINCTIONS, CERTIFICATIONS OR VERIFIABLE VOLUNTEER WORK.

Military History

BRANCH OF SERVICE	DATES OF SERVICE	
	FROM	TO

Professional References *Do Not List Family Members*

NAME	ADDRESS	OCCUPATION/TELEPHONE
1		Occupation: _____ _____ Telephone: ()
2		Occupation: _____ _____ Telephone: ()
3		Occupation: _____ _____ Telephone: ()

Signature

PLEASE READ CAREFULLY BEFORE SIGNING

By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.

I authorize verification and investigation of the statements made on this application and of my employment history.

Florida Veterinary Referral Center endeavors to provide a safe, healthful, and productive work environment for its employees by supporting maintenance of a Drug-Free Workplace. All applicants are required to take and pass a drug test.

Signature

Date