



Ocean County Veterinary Hospital

Employment Application

An Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Cell Phone: () _____ E-mail: _____

Date Available: _____ Desired Hourly Rate: \$ _____

Position Applied for: _____

Full-time
Part-time What days/hours are you available to work? _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S? Yes No

Have you previously been employed by Ocean County Veterinary Hospital? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Driver's License #: _____ Social Security #: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references of people unrelated to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

Previous Employment (including military experience)

Company: _____ Phone: (_____) _____

Address: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

May we contact your previous supervisor? Yes No Supervisor: _____

Company: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

May we contact your previous supervisor? Yes No Supervisor: _____

Company: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

May we contact your previous supervisor? Yes No Supervisor: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

Disclaimer and Signature

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 uncovered at a later date. I understand that the Ocean County Veterinary Hospital will request an investigative credit check, a criminal background check and a rapid drug screening as part of the application process. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Ocean County Veterinary Hospital and my employment may be terminated at anytime, with or without cause, and with or without notice.

Signature: _____ Date: _____

Office Use Only

Date:	<input type="checkbox"/> Interview	<input type="checkbox"/> Credit	<input type="checkbox"/> Criminal	<input type="checkbox"/> Drug Screen	<input type="checkbox"/> DOB	<input type="checkbox"/> Letter
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