



# ALEXANDRIA ANIMAL HOSPITAL VETERINARY EMERGENCY SERVICE

2660 Duke Street  
Alexandria, VA 22314  
Phone: 703-751-2022  
Fax: 703-751-6426



## APPLICATION FOR EMPLOYMENT

**Instructions:** Please fill out this form completely. This application will be kept on file for 90 days. Please be sure to sign and date the application. **Please print.**

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Interested in Full-Time?  Yes  No Part-Time?  Yes  No

Shifts Available:  Morning  Afternoon  Evening  Night  Weekends

Any schedule limitations? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No (If you are hired, proof will be required.)

Are you currently employed?  Yes  No May we contact your employer?  Yes  No

Date you can start: \_\_\_\_\_ Expected rate of pay: \_\_\_\_\_

Have you previously been employed by AAH or AVES?  Yes  No When? \_\_\_\_\_

Have you previously applied for employment with us?  Yes  No When? \_\_\_\_\_

Have you been convicted of a crime within the past ten years which has not been annulled, expunged, or sealed by a court?  Yes  No If yes, please describe below.

(Please note that such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.)

### EDUCATIONAL BACKGROUND

Name of High School: \_\_\_\_\_  
Graduated?  Yes  No

Location: \_\_\_\_\_  
Years Completed:  9  10  11  12

College/University Name: \_\_\_\_\_  
Graduated?  Yes  No  
Degree Received: \_\_\_\_\_

Location: \_\_\_\_\_  
Years Completed:  1  2  3  4  
Major/Minor: \_\_\_\_\_

Other Schools Attended: \_\_\_\_\_

Degree/Certificate/Courses Studied: \_\_\_\_\_

# EMPLOYMENT HISTORY

List your last 3 employers, starting with the most recent.

<b>Name of Company</b>	<b>Location</b>
<b>Employment Dates (Month/Year)</b> From _____ to _____	<b>Position</b>
<b>Starting Salary</b>	<b>Ending Salary</b>
<b>Responsibilities</b>	
<b>Supervisor Name and Title</b>	<b>Supervisor Phone Number</b>
<b>Reasons for Leaving</b>	
<b>Name of Company</b>	<b>Location</b>
<b>Employment Dates (Month/Year)</b> From _____ to _____	<b>Position</b>
<b>Starting Salary</b>	<b>Ending Salary</b>
<b>Responsibilities</b>	
<b>Supervisor Name and Title</b>	<b>Supervisor Phone Number</b>
<b>Reasons for Leaving</b>	
<b>Name of Company</b>	<b>Location</b>
<b>Employment Dates (Month/Year)</b> From _____ to _____	<b>Position</b>
<b>Starting Salary</b>	<b>Ending Salary</b>
<b>Responsibilities</b>	
<b>Supervisor Name and Title</b>	<b>Supervisor Phone Number</b>
<b>Reasons for Leaving</b>	

## ADDITIONAL INFORMATION

Please use this space to provide us with any other information that will help us evaluate your application, such as foreign language skills, membership in professional or civic organizations, or any additional skills or experience relevant to the job for which you are applying.

### ***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.***

- I hereby certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize Alexandria Animal Hospital to investigate all statements contained in this application. I also authorize my current or prior employers to release any information regarding my employment with their establishment, and I release them from any liability from providing information asked for by AAH in the reference checking process. I understand that falsification of any information contained herein or omission of any information on either this application or the pre-employment process will result in my application being rejected, or, if I am hired, in termination of my employment.
- In consideration of my employment, I agree to conform to the policies and procedures of the Hospital. I understand that in accepting this application or granting an interview, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will, my employment is not for any specific length of time, and that my employment, compensation, and benefits can be terminated with or without cause, and with or without notice at any time by myself or by the Hospital.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Alexandria Animal Hospital is an Equal Opportunity Employer.