



EMPLOYMENT APPLICATION

Adams Mill Veterinary Hospital

10205 Colvin Run Road
Great Falls, VA 22066

Phone 703-757-7570 FAX 703-757-7572

AN EQUAL OPPORTUNITY EMPLOYER

Date _____

Position _____

Full Time _____ Part Time _____ Temp _____

Hours Available: Days _____ Evenings _____

Date Available _____

Salary Requirement _____

Name _____
First Middle Last

Address _____
Street City State Zip

Telephone (Primary) _____ Telephone (Secondary) _____

EMPLOYMENT AND/OR DOCUMENTED VOLUNTEER HISTORY (List most recent position first)					
FROM Mo/Yr	TO Mo/Yr	Name of Company	Position	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street	Telephone	Salary	
		City	State	Zip	
		Supervisor			May we check your references? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Briefly describe your responsibilities			
FROM Mo/Yr	TO Mo/Yr	Name of Company	Position	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street	Telephone	Salary	
		City	State	Zip	
		Supervisor			May we check your references? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Briefly describe your responsibilities			
FROM Mo/Yr	TO Mo/Yr	Name of Company	Position	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street	Telephone	Salary	
		City	State	Zip	
		Supervisor			May we check your references? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Briefly describe your responsibilities			
FROM Mo/Yr	TO Mo/Yr	Name of Company	Position	Reason for leaving	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Street	Telephone	Salary	
		City	State	Zip	
		Supervisor			May we check your references? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Briefly describe your responsibilities			

EDUCATION		Number of Years Completed	Degree/Certificate Received	Major Course of Study
High School	Name of School			
	Street Telephone			
	City State Zip			
College/Tech School	Name of School			
	Street Telephone			
	City State Zip			
Graduate School	Name of School			
	Street Telephone			
	City State Zip			

SPECIAL QUALIFICATIONS

Professional Registration or License Type _____ State or National _____ Renewal Date _____
 Number _____
 Place of Original Registration _____ Date _____

How Were You Referred to Adams Mill? Please check box, then specify in space provided exact referral source.

Newspaper (name of paper) _____ Current Adams Mill Employee (name) _____ Reputation
 Internet/On-line (name of site) _____ Former Adams Mill Employee (name) _____ Walk-In

- Do you/have you owned any pets? Yes No **If yes, describe:**
- Have you ever worked for any veterinary/medical organization? Yes No Position: _____ Supervisor's Name: _____

PLEASE READ THE FOLLOWING BEFORE ANSWERING

You may answer "no" to the following two questions if your criminal record consists only of one or more of the following: (1) a sealed record on file with the Commissioner of Probation; (2) cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution; (3) a first conviction for drunkenness, simple assault, speeding, minor traffic offenses, disturbance of the peace, or affray; or (4) any misdemeanor convictions in which the conviction occurred and any incarceration ended five or more years ago.

Have you ever been convicted (whether after a trial or plea) of a felony? _____ Yes _____ No
 If yes, please give the date and details of the conviction(s).

Have you ever been convicted (whether after trial or plea) of a misdemeanor? _____ Yes _____ No
 If yes, please give date and details of the conviction(s).

The fact that you may have a record of conviction will not necessarily bar you from employment.

The information supplied on this application is true and complete to the best of my knowledge. I understand and agree that any false information or material omissions of fact may disqualify me from further consideration for employment, or may be considered justification for dismissal if I am hired.

I understand that any offer of employment is contingent upon my ability to comply with Immigration and Naturalization Service requirements concerning my identity and right to work in the United States, medical acceptability, and satisfactory responses from my educational and/or employment references.

I hereby authorize release to the Department of Human Resource of Adams Mill Veterinary Hospital of any or all reference information with respect to my academic and/or employment records including final evaluations and recommendations for future employment.

Signature of Applicant _____ Date _____

I have also worked under this name _____