

APPLICATION FOR EMPLOYMENT

8650 W. Tropicana Avenue, Suite B-107
 Las Vegas, Nevada 89147
 LVVSC – Tel: 702.871.1152 Fax: 702.262.7000
 VE+CC – Tel: 702.262.7070 Fax: 702.262.7099
 www.lvvsc.com www.vecc24.com



AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of any federal or state identified protected status, such as race, religion, national origin, color, sex, age, veteran status, disability, or sexual preference. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PERSONAL

Please Print Clearly

Social Security No. _____ Date _____

Name _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY ST ZIP

Home Phone _____ Cell Phone _____ Email _____

Position Applied For _____ Desired Rate _____

Available to Work: _____ Full Time _____ Part Time Specify Days & Hours, If Part Time _____

Were you previously employed by this organization? _____ If Yes, When _____

List any friends or relatives working here, other than spouse _____

If your application is considered, on what date will you be available for work? _____

Are there any other work experiences, skills or qualifications that you feel would especially fit you for work here?
(Please add additional comments you think are important for us to consider.)

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

If hired, can you furnish proof you are eligible to work in the United States? YES NO

Have you ever been convicted of a felony? YES NO

If Yes, Explain _____
A "YES" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

Have you previously applied here? YES NO If Yes, When? _____

Have you worked for any employer under a different name? YES NO

If Yes, Give Name _____

Each of the following sections needs to be completed. A resume does not substitute for completing these sections.

PERSONAL REFERENCES - Not Former Employers or Relatives

NAME AND OCCUPATION	ADDRESS	YRS KNOWN	PHONE NUMBER

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

Do not include, racial, religious, or nationality groups.

NAME OR DESCRIPTION OF ORGANIZATION	ACTIVE PARTICIPATION		OFFICES HELD
	From	To	

EDUCATIONAL RECORD - Non Veterinarians Only

NAME OF SCHOOL	DEGREE / GRADUATED Y OR N	GRADE AVE.
High School		
College or University		
Veterinary Technician Licensing Program		
Other Business, Trade, Correspondence or Night School		

Can you use a computer keyboard to enter and retrieve data? YES NO

Other office machines you know how to operate _____

If experienced with veterinary software programs, please list those with which you have worked _____

EDUCATIONAL RECORD - Veterinarians Only

NAME OF SCHOOL	DEGREE / GRADUATED Y OR N	GRADE AVE.	HONORS
High School			
College or University (Preveterinary)			
College (Veterinary Curriculum)			

Postgraduate training, including internships (include dates and degrees awarded, if any) _____

Are You Board Certified? Board Eligible? Which Specialty Board(s)? _____

List continuing education courses attended in the past 18 months _____

List the states in which you are licensed to practice along with license numbers _____

WORK HISTORY

Begin with the most recent. list all past employers, including any pertinent military experiences.

Explain any time gaps, a resume does not substitute for completing this section.

NAME OF COMPANY	BUSINESS ADDRESS		PHONE
Type of Business	Immediate Supervisor	Date Employed	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination
Description of Duties _____			

NAME OF COMPANY	BUSINESS ADDRESS		PHONE
Type of Business	Immediate Supervisor	Dates Employed	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination
Description of Duties _____			

NAME OF COMPANY	BUSINESS ADDRESS		PHONE
Type of Business	Immediate Supervisor	Dates Employed	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination
Description of Duties _____			

NAME OF COMPANY	BUSINESS ADDRESS		PHONE
Type of Business	Immediate Supervisor	Dates Employed	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination
Description of Duties _____			

NAME OF COMPANY	BUSINESS ADDRESS		PHONE
Type of Business	Immediate Supervisor	Dates Employed	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination
Description of Duties _____			

AFFIDAVIT

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 discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements, contained in this application and also authorize any person, school, current employer (except as previously note), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making any statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEES EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

8650 W. Tropicana Avenue, Suite B-107
Las Vegas, Nevada 89147
LVVSC – Tel: 702.871.1152 Fax: 702.262.7000
VE+CC – Tel: 702.262.7070 Fax: 702.262.7099
www.lvpsc.com www.vecc24.com

