



## APPLICATION

126 US Highway 321 SW  
Hickory, NC 28602  
Phone 828-328-6697/ Fax 828-328-5638

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Who referred you to this facility? \_\_\_\_\_ Ever applied here before \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Alternate number ( ) \_\_\_\_\_

### Employment Eligibility

Are you a citizen of the U.S.? Yes / No If not, do you have legal right to work in the U.S.? Yes / No	Are you 16 years of age or older? Yes / No If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes / No If yes, which ones(s) _____	Have you ever been convicted of a felony crime? Yes / No Are there any criminal charges pending against you? Yes / No
I understand that if I am considered for employment, hospital policy requires that I submit to a background check as part of the pre-employment screening process. Signature _____	We are a Drug-Free Workplace. I understand that if I am a considered for employment I would be required to submit samples for drug and alcohol testing prior to my employment. Signature _____

### Education

Education	Name of School	City/State	Years comp	Date left	Degree / Major
High School					
College / University					
Graduate School					
Trade School					

# Employment History

Employment Dates	Employers Name & Address	Position / Job Duties	Separation / Wage History
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record? If yes, please explain:			
Do you authorize us to contact your previous and present employer for reference prior to employment with this business? Yes / No			
Authorized signature:		Date:	
Is there anything else you would like us to know about you?			

## Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results and satisfactory work references by Veterinary Referral Hospital of Hickory. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of employment. I hereby authorize my past and present employers to furnish Veterinary Referral Hospital of Hickory with their records of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

----- **Do Not Write Below This Line** -----

Called for interview: \_\_\_\_\_ Interview scheduled: \_\_\_\_\_ arrived: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ FT PT (hrs: \_\_\_\_\_)

Scheduling restraints: \_\_\_\_\_

Remarks: