



APPLICATION FOR EMPLOYMENT

Personal Data

Name _____ Date _____

Social Security No. _____ Email Address _____

Telephone Number _____ Alternate Phone _____

Present Address _____

City _____ State _____ Zip _____

Position(s) Applied For _____ Rate of pay expected \$ _____ Year/hour (Circle one)

Available to work Nights, Weekends, and Holidays? No Yes Comments _____

Would you work Full-Time Part-Time Specify days and hours if part time _____

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

Relevant Work Experience(s)-List any work experiences, skills, or qualifications that you feel would especially fit our team?

Skills/Qualifications-that you feel will make you a good fit as part of our healthcare team _____

Please add any 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.

For jobs with minimum age requirements: Are you 18 years of age or older? No Yes

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

Have you ever been convicted of a felony? No Yes

If yes, please
explain. _____

Have you previously applied with Veterinary Neurology/Imaging? No Yes

Have you previously worked in another service in CVRC? No Yes Which one? _____

Professional References

(These should not be personal references or relatives)

Name _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

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Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

Membership in Professional or Civic Organizations

(Please do not include racial, religious, or nationality groups)

Name or Description of Organization _____

Active Participation; From _____ To _____ Offices Held _____

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Active Participation; From _____ To _____ Offices Held _____

Name or Description of Organization _____

Active Participation; From _____ To _____ Offices Held _____

Education Record (Non-Veterinarian Only)

Name of School	Degree Awarded	Grade Average	Honors
High School			
College/University			
Business/Trade/ Other			
Other Education			

Other Machines/Computer and programs/equipment you are familiar using _____

Education Record (Veterinarians Only)

Name of School	Degree Awarded	Grade Average	Honors
High School			
College/University(pre-vet)			
College (Veterinary Curriculum)			

Post graduate Training, including internships (included dates and degrees awarded, if any) _____

Are you board certified? Board Eligible? Which specialty board? _____

List continuing education courses within the last 12 Months _____

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

Work History

(Begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title _____ Dates Employed: From _____ To _____

Description of Duties:

Earnings At Hire: _____ At Termination: _____

Reason for Termination: _____

Direct Supervisor/Contact Name _____ Phone _____

May we contact this employer? No Yes Email _____

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title _____ Dates Employed: From _____ To _____

Description of Duties:

Earnings At Hire: _____ At Termination: _____

Reason for Termination: _____

Direct Supervisor/Contact Name _____ Phone _____

May we contact this employer? No Yes Email _____

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title _____ Dates Employed: From _____ To _____

Description of Duties:

Earnings At Hire: _____ At Termination: _____

Reason for Termination: _____

Direct Supervisor/Contact Name _____ Phone _____

May we contact this employer? No Yes Email _____

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title _____ Dates Employed: From _____ To _____

Description of Duties:

Earnings At Hire: _____

At Termination: _____

Reason for Termination: _____

Direct Supervisor/Contact Name _____

Phone _____

May we contact this employer? No Yes Email _____

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false statement or omission may disqualify me from future 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 a previously noted), 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 such statements. **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 the employer and my employment may be terminated at any time, with or without cause and with or without notice. I also understand that a pre-employment background screening and drug test must be successfully passed before I am considered an employee.**

Signature of Applicant

Date

**Once we have received your application, resume, and references we will review them to see if your skills, experience, and education are a good match for our current needs. If we need additional information or want to schedule an interview, we will contact you. If your qualifications do not match our current needs, we will keep your resume on file for one year.*

**Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment.*



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