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Veterinary Center of East Northport

EMPLOYMENT APPLICATION

Application information

Please print and completely answer all questions

Full name:	<div>Last</div> <div>First</div> <div>M.I.</div>	Date:	
Address:	<div>Street address</div> <div>Apt/Unit #</div> <div>City</div> <div>State</div> <div>Zip Code</div>	Phone:	
		Email:	
Date Available:	PT or FT	Desired salary:	\$
Position applied for:			

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you applied here in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? <div></div>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? <div></div>
Have you been convicted or completed a period of incarceration within the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? <div></div>
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you at least 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any days, shifts, or hours you cannot work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain when and reason. <div></div>

Are you able to work Saturdays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain?	_____
Are you able to work an evening as late as 8 pm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain?	_____
Will you work overtime, if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain?	_____
How did you hear about us?			Explain?	_____
Did someone refer you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who?	_____
Have you taken any illegal drugs in the last 30 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain with dates.	_____
Have you ever been discharged or forced to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?	_____
Have you received any discipline in the last 12 months of active employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?	_____

Education

High school:	_____	Address:	_____
From:	_____	To:	_____
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma: _____
College:	_____	Address:	_____
From:	_____	To:	_____
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____
Other:	_____	Address:	_____
From:	_____	To:	_____
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____

Residence

Street Address:	_____	City, State, Zip Code	_____
From:	_____	To:	_____
Street Address:	_____	City, State, Zip Code	_____
From:	_____	To:	_____

Previous Employment

Please complete this section in its entirety

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please explain	_____	Rate of pay:	_____
		Reason for leaving:	_____

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please explain	_____	Rate of pay:	_____
		Reason for leaving:	_____

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, please explain	_____	Rate of pay:	_____
		Reason for leaving:	_____

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Answer the following

What assets and strengths do you feel helped you most in your previous jobs?	_____
Give a specific example of a time when you had to address an angry client/customer. What was the problem and what was the outcome?	_____
What are you looking for out of this job opportunity that you have not found at other jobs?	_____
What are your future goals?	_____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	_____	Date:	_____
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