

APPLICATION FOR EMPLOYMENT

(Please print clearly)

TRI-COUNTY VETERINARY SERVICE, P.A.
7716 S. NC87
Graham, NC 27253
(336) 376-6838

An Equal Opportunity Employer

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

PERSONAL

Social Security No. _____ Date of Birth _____

Name _____ Phone No. _____

Present Address _____
Street No. _____ City _____ State _____ Zip _____

Position applied for _____ Expected rate of pay _____

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

Have you ever been arrested, tried or convicted for a felony? _____ Yes _____ No

If yes please explain _____

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

PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation _____ City & State _____ Phone No. _____

1. _____

2. _____

3. _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (do not include racial, religious or nationality groups)

Name of Organization _____ Active from/to _____ Offices held _____

1. _____

2. _____

3. _____

EDUCATION RECORD

Name of School	Degree Awarded	Grade Average	Honors
High School _____			
College/University _____			
Other _____			

Do you type? ____Yes ____No If yes WPM_____

List the office machines and computers/software you know how to operate.

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

1. Company _____ Address _____
Phone No. _____ Type of Business _____
Last Earnings _____ Immediate Supervisor _____
Reason for termination _____
Description of duties _____

2. Company _____ Address _____
Phone No. _____ Type of Business _____
Last Earnings _____ Immediate Supervisor _____
Reason for termination _____
Description of duties _____

3. Company _____ Address _____
Phone No. _____ Type of Business _____
Last Earnings _____ Immediate Supervisor _____
Reason for termination _____
Description of duties _____

4. Company _____ Address _____
Phone No. _____ Type of Business _____
Last Earnings _____ Immediate Supervisor _____
Reason for termination _____
Description of duties _____

5. Company _____ Address _____
Phone No. _____ Type of Business _____
Last Earnings _____ Immediate Supervisor _____
Reason for termination _____
Description of duties _____

Describe in your own words a recent situation (something very simple is OK) where you have used creativity and ingenuity to solve a problem at home, school or in an organization. What sort of problem was overcome, how did you plan your solution and how did you carry out your plan?

Please give directions from Tri-County Veterinary Service to your house.

AFFADAVIT

(To be completed before a witness)

I certify that this application was completed by me (without use of an agent) and the answers given to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Tri-County Veterinary Service, P.A. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools and persons named within to give any information regarding my employment, character and qualifications. I hereby release said companies, schools and persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause. The employers only obligation being to pay salary or wages due and owing at the time of termination. Finally I understand that all company property must be returned and my indebtedness to the company must be paid before or at the time of my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____

Witness _____ Date _____