NORTHWOODS VETERINARY CLINIC

8320 Rivers Ave
N. Charleston, SC 29406
843-553-0441
www.northwoodsvet.com

Name_____ Date_____

Position Desired _____ Full- or Part-Time? _____ Wage desired/hr _____

How did you learn about us?_____ Ever applied here before?_____

Address: _____ City, State _____ Zip _____

Telephone Number (   )_____   Alternate number (   )_____

Email address: _____

Employment Eligibility

Are you a citizen of the U.S.? Yes / No	Are you 16 years of age or older? Yes / No
If not, do you have legal right to work in the U.S.? Yes / No	

Education

Education	Name of School	City/State	Degree / Major
High School			
College / University			
Graduate School			
Trade School			

Employment History (list most recent first)

Employer's Name and Dates of Employment	Supervisor's Name and Contact Number	Position / Job Duties	
			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 or background information?   Yes   No   If yes, please provide other names.

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, background check, and satisfactory work references by HOSPITAL NAME. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Benefits Waiting period of employment.

_____

Signature   Date

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

Called for interview: _____   Interview scheduled: _____ arrived: _____

Interviewed By: _____   Date: _____FT   PT (hrs :_____)

Scheduling restraints: _____

Remarks: _____
_____