

Mount Vernon Animal Hospital
8623 Richmond Highway
Alexandria, Va 22309
(703) 360-6600
www.mtvernonanimalhospital.com
mtvernonanimalhospital@gmail.com

Application for Employment

Name _____

Address _____

Phone number _____

Are you a US citizen or do you have a green card? _____

Position desired _____

Date you can start _____

Salary requirement _____

Are you currently employed? Yes / No

If so, can we contact your current employer? Yes / No

Education

School _____ Did you graduate? _____

High School _____

College _____

Trade School _____

Other (indicate) _____

General information

Please list any special skills or training that you bring to this position

Work Experience (begin with most recent employer)

Date employed Name/address of employer Position Reason you left

1. _____

2. _____

3. _____

4. _____

Professional references

Name Phone number Years known

1. _____
2. _____
3. _____

Personal references

Name	Phone number	Years known
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- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of any statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Mount Vernon Animal Hospital from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Mount Vernon Animal Hospital has any authority to enter into any agreement for employment for any specified length of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature *Your Name*

Do not write below this line

Interview scheduled _____

Remarks _____

Hire date _____

Position _____

Start date _____

Salary _____