

Del Mar Veterinary Hospital, LLC

Employment Application

		Applicant	Intorma	ation				
Full Name:						Date:		
	Last	First			M.I.			
Address:								
	Street Address					Apartment/Unit	#	
	City				State	ZIP Code		
Phone:			Email					
Date Availat	ole:	Social Security No.:_			Desired	Salary: <u>\$</u>		
Position App	olied for:							
Are you a citizen of the United States? YES NO YES NO If no, are you authorized to work in the U.S.?								
Have you ever worked for this company? YES NO If yes, when?								
Have you ever been convicted of a felony?								
If yes, expla	in:							
		Edu	cation					
High School	:	Address	s:					
From:	To:		YES	NO	Diploma::			
College:		Address	s:					
From:	To:	Did you graduate	YES e?	NO	Degree:			
Other:		Address	s:					
From:	To:	Did you graduate	YES	NO	Degree:			
		Refe	rences					
Please list t	hree professional refe	erences.						
Full Name:	Relationship:							
Company:					Ph	one:		
Address:								

Full Name:			Relationship:			
0			Phone:			
Address:						
Full Name:			Relationship:			
Componi			Phone:			
Λ -l -l n ·						
		mployment				
Company			Dhana			
Address.			Supervisor:			
Job Title:	Starting S	alary: \$	Ending Salary:			
Responsibilities:						
From:	To:	Reason for Leavir	ng:			
May we contact yo	our previous supervisor for a reference?	YES NO				
Company:			Phone:			
Address:			Supervisor:			
Job Title:	Starting S	Ending Salary:				
Responsibilities:						
	To:		ng:			
May we contact yo	our previous supervisor for a reference?	YES NO				
Company:			Phone:			
Address:			Supervisor:			
Job Title:	Starting S	Ending Salary: \$				
Responsibilities:						
From:	To:	Reason for Leavir	ng:			
May we contact yo	our previous supervisor for a reference?		YES NO			

Work Availability (Required)*								
I am interested in (p/week): Full-time (30 – 40 hrs.)Part-time (0 – 29 hrs.)Seasonal (Holiday/Summer)								
What hours of the day are you available? (Check all that apply)								
Monday AM Tuesday AM	Wednesday AM	Thursday AM	Friday AM	Saturday AM	Sunday AM			
Monday PM Tuesday PM	Wednesday PM	Thursday PM	Friday PM	Saturday PM	Sunday PM			
Reason for Unavailability (Days & Hours):								
Military Service								
Branch:			From:	To:	:			
Rank at Discharge:T			of Discharge:					
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are tru	e and complete to	the best of my kr	nowledge.					
If this application leads to emplointerview may result in my release		nd that false or m	isleading infor	mation in my app	lication or			
Signature:			Date:					