



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Emily R. Worthy, DVM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

### Employment Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Social Security (Last 4 numbers) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (be specific)

Days/hours available to work:  
 Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_\_\_ Full-Time Only \_\_\_\_\_ Part-Time Only \_\_\_\_\_ Full Or Part-Time

If hired, on what date could you start work? \_\_\_\_\_

Type of School	Name of School	Location (Complete mailing address)	Numbers of Years Completed	Major & Degree



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Emily R. Worthy, DVM

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

---

Have you ever been convicted of a crime?       No       Yes

If yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

---

Do you have a driver's License?       No       Yes

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_

State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

---

Typing       No       Yes       WPM

Word Processing       No       Yes       WPM

Other Skills \_\_\_\_\_

---

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Emily R. Worthy, DVM

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

---

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

---

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone Number ( ) \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Your last job title \_\_\_\_\_

Employment dates: To \_\_\_\_\_ Pay or salary: Start \_\_\_\_\_  
From \_\_\_\_\_ Finish \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the job duties performed, skills used or learned, advancements or promotions while you work at this company:

---

---



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Emily R. Worthy, DVM

---

Name of employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone Number ( ) \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Your last job title \_\_\_\_\_

Employment dates: To \_\_\_\_\_ Pay or salary: Start \_\_\_\_\_  
From \_\_\_\_\_ Finish \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the job duties performed, skills used or learned, advancements or promotions while you work at this company:  
\_\_\_\_\_  
\_\_\_\_\_

---

Name of employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone Number ( ) \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Your last job title \_\_\_\_\_

Employment dates: To \_\_\_\_\_ Pay or salary: Start \_\_\_\_\_  
From \_\_\_\_\_ Finish \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the job duties performed, skills used or learned, advancements or promotions while you work at this company:  
\_\_\_\_\_  
\_\_\_\_\_

---

I have read and completed this application honestly and to the best of my ability. I understand that all information provided will be verified and employment will be at will. Bennetts Creek Veterinary Care is an equal opportunity employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Emily R. Worthy, DVM

**APPENDIX A**

Your signature on this document acknowledges that you have applied for employment with Bennetts Creek Veterinary Care and authorizes Bennetts Creek Veterinary Care to contact prior employers, other references that you have provided, and references developed as part of the selection process.

**Consent and Authorization to Release Information**

I have applied for employment with Bennetts Creek Veterinary Care. My signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive.

I further consent to allow Bennetts Creek Veterinary Care to obtain any and all information concerning my former/current employment with your organization. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with your organization required in connection with application for employment with Bennetts Creek Veterinary Care.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective a release or consent as the original which I signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date