



Brandon R. Wichman, DVM • Robert M. Johnson, Jr., DVM • Blake S. Andrews, 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



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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

Personal Computer                      \_\_\_\_\_ No                      \_\_\_\_\_ Yes

10-key                      \_\_\_\_\_ No                      \_\_\_\_\_ Yes

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 (    ) \_\_\_\_\_



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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:



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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:

\_\_\_\_\_  
\_\_\_\_\_

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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:

\_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_