

Hillcrest Veterinary Clinic

3083 Pt. Marion Road
Morgantown, WV 26505
304-292-6933 (p) 304-292-8009 (f)
www.hillcrestveterinaryclinic.com



Name _____ Date _____

Position Desired _____ Minimum Salary _____

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

Telephone Number () _____ Alternate number () _____

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	If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes / No	Have you ever been convicted of a felony crime? Yes / No
If yes, which one(s) _____	Are there any criminal charges pending against you? Yes / No
Background testing is an employment requirement. I understand that if I am offered a position, a background test will be required.	Drug-Free Screening is an employment requirement. I understand that if I am offered a position, drug screening will be required prior to my employment.
Signature _____	Signature _____

Education

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

Employment History

Employment Dates	Employers Name & Address	Position / Job Duties	Reason for leaving:
			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: _____
