



www.vssah.com
3102 Texas Ave. South
College Station, Texas 77845
(979) 693-8870
vssah@vssah.com

APPLICATION FOR EMPLOYMENT

Please answer all questions and enclose a copy of your resume when submitting this application.
You may submit your information by dropping it by the office or emailing us at
vssah@vssah.com

Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

Telephone: (_____) _____

Position applying for: _____ Salary desired: _____
Be Specific

Are you willing to work weekends? (Circle One) Yes or No

Employment desired: (Circle One) Full Time or Part Time

If part time, how many hours would you like to work weekly? _____

Potential Start Date: _____

Employer	Job Title	Dates of Employment	Salary	Reason for Leaving

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List any professional Licenses or Certificates: _____

Most recent school you attended? _____

Degree or grade level attained? _____

What unique skills do you believe would contribute to the success of our hospital? _____

STUDENTS: Please enclose a copy of your current and/or future class schedule.

***This office does not discriminate any applicant because of age, color, religious creed, national origin, ancestry, physical or mental handicap, or military status. WE ARE AN EOE (Equal Opportunity Employer). ***

READ BEFORE SIGNING:

I authorize Van Stavern Small Animal Hospital to obtain certain information about me from any previous employer and schools. I authorize my previous employers and schools, which I have attended, to disclose to Van Stavern Small Animal Hospital such information about me as Van Stavern Small Animal Hospital may request. I also do hereby certify that all information contained in this application is true and complete. I give permission to Van Stavern Small Animal Hospital to contact all sources necessary to verify this information. I understand that if I am hired, any false or incomplete information in this application will be sufficient grounds for immediate discharge.



Please list two references other than relatives.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Telephone: _____

Telephone: _____



Signature: _____

Date: _____