

EMPLOYMENT APPLICATION

1. Employer Information

Employer: Highlands Veterinary Hospital
Address: 840 South Montana
City/State/ZIP: Butte, Montana 59701
Telephone: 406-299-3700

It is the policy of Highlands Veterinary Hospital to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

5. Salary Desired: \$ _____ per _____

6. Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

7. If applicable, are you available to work overtime? ____ Yes ____ No

8. If you are offered employment, when would you be available to begin work?

9. Are you legally eligible for employment in the United States? _____ Yes _____ No

10. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

11. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

_____ Yes _____ No

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

12. References

List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

13. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Highlands Veterinary Hospital to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE