



1665 North Main Street
 Orrville, OH 44667
 330-682-2971
 330-682-3627 fax

EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.

(Please Print)

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Social Security No. _____

Position applying for? _____

Full Time (only)

Part Time (only)

No Preference

Reasons applying for this job? _____

When are you available to work? (days and hours) _____

When would you be available to start work? _____

Are you currently working? Yes No Job Title _____

May we contact your current employer for a recommendation? Yes No

Current Employment (if applicable)

Dates Employed	Employer's Name, Street Address, City, State & Zip	Rates of Pay	Supervisor's Name, Title & Phone Number
FROM		ENTRY	
TO		CURRENT	

Previous Employment (list most recent first)

Dates Employed	Employer's Name, Street Address, City, State & Zip	Reasons for Leaving	Supervisor's Name, Title & Phone Number	OK to Call?	Rate of Pay

Education

Degree Earned

High School _____

College _____

Personal References (please do not include relatives or previous employers)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Have you ever been convicted of a felony? Yes No

If yes, give details _____

Describe any specialized training, instruction or practical experience you may have acquired that would be beneficial in this position? _____

Do you own any pets? _____

Hobbies/Special Interests _____

I hereby certify that the facts set forth in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I agree that any misrepresentation or concealment of a material fact may cause Veterinary Wellness Partners to disqualify me from further consideration for employment, and, if hired and discovered at a later date, may cause me to be discharged. I authorize the employers and individuals listed above to give Veterinary Wellness Partners or its agent, any and all information concerning my previous employment, work habits, or personal behavior, and I release Veterinary Wellness Partners and these employers or individuals from all liability for any damages whatsoever in giving this information. I understand that nothing in the Employment Application or in any of my communications or conversations with anyone at Veterinary Wellness Partners is intended to create an employment contract between Veterinary Wellness Partners and myself. I also understand that if hired, I reserve the right to terminate my employment at any time for any reason, and Veterinary Wellness Partners reserves a similar right.

Signature _____ **Date** _____