

Minnieville Animal Hospital

14005 Minnieville Rd
 Woodbridge, VA 22193
 Phone: (703) 680-4000 Fax: (703) 680-4400
 Minnievilleah.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 _____
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: Start to End Salary:
			Reason for leaving: Start to End Salary:
			Reason for leaving: Start to End 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: _____

Position applying for _____

Are you looking for full time or part time work? Full time / Part time

What work schedule shifts are you interested in and available to work?

M - T- W- T- F- Sat- Sun-

Are there any shifts you're **NOT** available to work?

M- T- W- T- F- Sat-
Sun-

Working weekends are required sometimes, is this going to be an issue for you?

Do you have reliable transportation?

What, in your opinion, are key ingredients in guiding and maintaining successful customer relationships? Give me examples of how you made these work for you.

How do you choose to prioritize when there are many things that need to be done during a time period?

Describe a time you had to go above and beyond the call of duty to get a job done.

What is your preferred work style? Do you prefer working in a group or alone?

Tell me about a time when someone else looked over your work. How did that make you feel? What was the result?