Idaho Veterinary Hospital

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Front Office Representative CV	T 🛛 Assistant	OTHER	
 Newspaper (List Publication) State Agency 			
U Website (List Website)			
Employee Referral	C	Friend	
□ Other:			

PLEASE ATTACH RESUME TO THE LAST PAGE OF APPLICATION (DO NOT STAPLE) Idaho Veterinary Hospital EMPLOYMENT APPLICATION

JOB APPLIED FOR : NAME AND ADDRESS MALLING ADDRESS: HOME TELEPHONE (include area code): MALLING ADDRESS: WORK TELEPHONE (include area code): CITY STATE ZIP CODE: CHY STATE CHULLAR TELEPHONE (include area code): PRESENT EMPLOYER LAST EMPLOYER (Check one): May We Contact? CITY AND STATE: CHECK Only ONE: Yes PRESENT EMPLOYER LAST EMPLOYER (Check one): May We Contact? CITY AND STATE: Check Only One: Press PERMANENT FULL TIME FULL OR PART TIME Date You Can Repo PRESENT EMPLOYER Check Only One: FULL TIME FULL OR PART TIME Date You Can Repo EMPLOYER HISTORY The DEA requires us to ask these questions of every applicant. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeano you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juven offense, location, date and sentence. Yes No Other HISTORY The DEA requires us to ask these questions of every applicant. Within the past tive years, have you e					
NAME (LAST, FRST, M.1): HOME TELEPHONE (include area code): MAILING ADDRESS: WORK TELEPHONE (include area code): CITY STATE ZIP CODE: EMAIL ADDRESS: CELLULAR TELEPHONE (include area code): PRESENT EMPLOYER LAST EMPLOYER (Check one): May We Contact? CITY AND STATE: Employers Name: WORK SCHEDULE AVAILABILITY Date You Can Repo PERMANENT FULL OR PART TIME Date You Can Repo PERMANENT FULL TIME INTERMITTENT ANY SEASONAL EITHER FULL TIME INTERMITTENT ANY COMPLOYER HISTORY The DEA requires us to ask these questions of every applicant. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeano you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juven offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction offense, location, date and sentence. Yes I No In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than th prescribed to you by a physician? If the answer is yes, furnish details. Yes No Details: EDUCATION / TRAINING HISTORY No No	TYPE or PRINT in INK Please complete the application by typing or clearly printing in dark ink. JOB APPLIED FOR : Image: Complete the application by typing or clearly printing in dark ink.				
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Of Course of study (List Major) Credits Earned (Yes / No) Graduate? Cetext	Do you have a high school diploma or a GED certificate? (Check one) TES NO				
A A	Degree or Certificate Received				
B					
C					

LICENSE / REGISTRATION / CERTIFICATE List any required professional license, registration, certificate, Commercial Driver's License (CDL), etc.			
Description	State	Number	Expiration

IVH 7/16/2018

TRIAL MODE - a valid license will remove this message. See the keywords property of this PDF for more information.

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1 (current	or most recent position			
NAME OF EMPLOYER:	of most recent position,	EMPLOYER'S ADDRESS and PHONE NUMBER:		
NAME OF EMPLOYER:				
KIND OF BUSINESS:		SUPERVISOR'S NAME and PHONE NUMBER:		
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:		
EMPLOYMENT DATES	SALARY UPON LEAVING:	 Assigning and Reviewing work Rating Work Performance Hiring or Recommending Hiring Hot Responsible for Any of Above 		
(MONTH/YEAR):				
TOTAL TIME IN CURRENT OR LAST POSITION:	AVERAGE HOURS WORKED PER WEEK:	If you checked any of these boxes, list the number of employees and their job titles:		
DUTIES (List all duties you pe	rformed.):			
Reason for leaving this positio	n:			
JOB NUMBER 2				
		EMPLOYER'S ADDRESS and PHONE NUMBER:		
NAME OF EMPLOTER.				
KIND OF BUSINESS:		SUPERVISOR'S NAME and PHONE NUMBER:		
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:		
EMPLOYMENT DATES	SALARY UPON LEAVING:	Assigning and Reviewing work Handling Disciplinary problems		
		Rating Work Performance Responding to Grievances		
(MONTH/YEAR):		☐ Hiring or Recommending Hiring ☐ Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:		
TOTAL TIME IN POSITION:	AVERAGE HOURS			
	WORKED PER WEEK:			
DUTIES (List all duties you pe	rformed.):			

Reason for leaving this position:

JOB NUMBER 3			
NAME OF EMPLOYER:		EMPLOYER'S ADDRESS and PHONE NUMBER:	
KIND OF BUSINESS:		SUPERVISOR'S NAME and PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
EMPLOYMENT DATES	SALARY UPON LEAVING:		
MONTH/YEAR):		 Rating Work Performance Hiring or Recommending Hiring Responding to Grievances Not Responsible for Any of Above 	
TOTAL TIME IN POSITION:	AVERAGE HOURS WORKED PER WEEK:	If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you perfo	rmed.):		
Reason for leaving this positi	ion:		
		WORK HISTORY	
JOB NUMBER 4		WORK HISTORY	
		EMPLOYER'S ADDRESS and PHONE NUMBER:	
NAME OF EMPLOYER:			
NAME OF EMPLOYER:		EMPLOYER'S ADDRESS and PHONE NUMBER:	
NAME OF EMPLOYER: (IND OF BUSINESS: /OUR JOB TITLE:		EMPLOYER'S ADDRESS and PHONE NUMBER: SUPERVISOR'S NAME and PHONE NUMBER:	
NAME OF EMPLOYER: KIND OF BUSINESS: YOUR JOB TITLE: EMPLOYMENT DATES	SALARY UPON LEAVING:	EMPLOYER'S ADDRESS and PHONE NUMBER: SUPERVISOR'S NAME and PHONE NUMBER: SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
NAME OF EMPLOYER: KIND OF BUSINESS: YOUR JOB TITLE: EMPLOYMENT DATES	SALARY UPON LEAVING:	EMPLOYER'S ADDRESS and PHONE NUMBER: SUPERVISOR'S NAME and PHONE NUMBER: SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work	
JOB NUMBER 4 NAME OF EMPLOYER: KIND OF BUSINESS: YOUR JOB TITLE: EMPLOYMENT DATES (MONTH/YEAR): TOTAL TIME IN POSITION:	SALARY UPON LEAVING: AVERAGE HOURS WORKED PER WEEK:	EMPLOYER'S ADDRESS and PHONE NUMBER: SUPERVISOR'S NAME and PHONE NUMBER: SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Handling Disciplinary problems Rating Work Performance	
VAME OF EMPLOYER: (IND OF BUSINESS: (OUR JOB TITLE: EMPLOYMENT DATES MONTH/YEAR): FOTAL TIME IN POSITION:	AVERAGE HOURS WORKED PER WEEK:	EMPLOYER'S ADDRESS and PHONE NUMBER: SUPERVISOR'S NAME and PHONE NUMBER: SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: Assigning and Reviewing work Rating Work Performance Hiring or Recommending Hiring Not Responsible for Any of Above	
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- employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime. • I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the Idaho Veterinary Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the Idaho Veterinary Hospital to check my driving record if the position for which I am applying requires driving.
- I authorize the Idaho Veterinary Hospital to run a credit history check and criminal history background check as a condition of employment.
- I release the Idaho Veterinary Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

PRINT FULL NAME:	DATE:
APPLICANT'S SIGNATURE:	

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH IDAHO VETERINARY HOSPITAL