

Southwest Florida Veterinary Specialists

28400 Old 41 Rd., Suite 1

Bonita Springs, FL 34135

Phone: 239-992-8387 Fax: 239-949-0232

Employment Application

An Equal Opportunity Employer

Southwest Florida Veterinary Specialists is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please note: All applicants are subject to a criminal background check and drug testing. Prior criminal activity does not automatically exclude consideration for employment.

Please fill out all sections

Date _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long _____ Telephone (____) _____ Email _____

If under 18, please list age _____

Position applied for (1) _____ and salary desired (2) _____

Days/hours available to work:

No Preference	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many hours can you work weekly? _____

When available for work? _____

Have you applied to SFVS before? _____ If so, when? _____

Personal Information

If hired, would you have reliable transportation to and from your shift? _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? _____

If hired, are you willing to submit to and pass a controlled substance test? _____

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? _____ (Veterinary technicians must clean cages and lift, hold, or restrain animals, risking exposure to bites or scratches)

If no, describe the functions that cannot be performed? _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____

Have you ever been fired or released from a place of employment? Why? _____

Have you ever been enlisted in the military? Branch? _____

If yes, were you discharged on any grounds other than Honorable? _____

Do you have experience with the practice management software Idexx Cornerstone, explain

Education, Training and Experience

High School:
School name: _____
School city _____
Year Graduated _____

College / University / Vocational School:
School name: _____
School city _____
Number of years completed: _____
Did you graduate? _____
Degree / diploma earned: _____

Additional Information

Do you have any other experience, training, qualifications, or skills that you feel should be brought to our attention, in the case that they make you especially suited for working with us? If yes, please explain: _____

Employment History

Are you currently employed? _____ If yes, may we contact your current employer? _____

Below, please describe past and present employment positions. Even if you have attached a resume, this section must be completed.

1. Name of Employer: _____ Phone Number: (____) _____
Business Address: _____
Business Type: _____
Name of Supervisor: _____
Dates of Employment: _____ Pay/salary: start _____ final _____
Position & Duties: _____

Reason for Leaving: _____
May we contact this employer for references? _____

2. Name of Employer: _____ Phone Number: (____) _____
Business Address: _____
Business Type: _____
Name of Supervisor: _____
Dates of Employment: _____ Pay/salary: start _____ final _____
Position & Duties: _____

Reason for Leaving: _____
May we contact this employer for references? _____

3. Name of Employer: _____ Phone Number: (____) _____
Business Address: _____
Business Type: _____
Name of Supervisor: _____
Dates of Employment: _____ Pay/salary: start _____ final _____
Position & Duties: _____

Reason for Leaving: _____
May we contact this employer for references? _____

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
City, state _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
City, state _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
City, state _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, by Southwest Florida Veterinary Specialists or myself.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____