

Shenandoah Animal Hospital
576 E Reservoir Rd
Woodstock, VA 22664
(540) 459-2930

Date of Application: _____

Applicant Information

Name: _____

Address: _____

City/State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Have you ever applied for SAH previously? _____ if so, when? _____

Position(s) applying for: Customer Service Representative LVT
Float/Kennel Technician Veterinarian

Full time or Part time

How did you hear about this position? _____

What days are you available to work? _____

Hourly rate desired? _____

Are you able to perform the duties the position you are applying for entails, with or without accommodations? Yes No (May include lifting heavy objects up to 40 pounds)

Personal Information

Are you 18 years of age or older? Yes or No

Are you a United States citizen or approved to work in the United States? Yes or No

All new hires will be required to show proof of eligibility to work in the United States

Have you ever been convicted of a criminal offense? (Felony or misdemeanor)? Yes or No

If yes, please state the nature of the crime, where and when convicted and the outcome

Resume

Did you attach a resume? Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position you are applying for:

Education and Training

High School

Name _____
Locations (city/state) _____
Year Graduated _____

College

Name _____
Location (city/state) _____
Year Graduated _____
Degree Earned _____

Vocational School/Specialized Training

Name _____
Location (city/state) _____
Year Graduated _____
Degree Earned _____

Previous Employment – starting with most current

Employer Name: _____ May we contact? _____
Supervisor Name: _____
Employer Address: _____
Employer Phone #: _____
Dates Employed: _____
Job Title/Duties: _____
Reason for Leaving: _____
Salary: Starting _____ Ending _____

Employer Name: _____ May we contact? _____
Supervisor Name: _____
Employer Address: _____
Employer Phone #: _____
Dates Employed: _____

Job Title/Duties: _____
 Reason for Leaving: _____
 Salary: Starting _____ Ending _____

Employer Name: _____ May we contact? _____
 Supervisor Name: _____
 Employer Address: _____
 Employer Phone #: _____
 Dates Employed: _____
 Job Title/Duties: _____
 Reason for Leaving: _____
 Salary: Starting _____ Ending _____

References

1. _____ relationship _____
2. _____ relationship _____
3. _____ relationship _____

I hereby declare that the information I provided on each page of this application or any other information that I provide to SAH for employment, is true and accurate to the best of my knowledge. I authorize SAH to investigate any or all of my references, previous employment, education, as well as criminal background. I understand that if any of this information is falsified or any other documents that SAH receive are falsified may result in not receiving an offer. If I receive an offer and am hired; I understand that I will be immediately dismissed from employment, if the information comes back falsified.

Applicant Signature: _____ **Date:** _____