

Augusta Animal Hospital, Inc.

Application for Employment

Please email application to wvcello@gmail.com.

Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

Education _____ high school, graduation date _____

_____ college, graduation date _____

_____ other, please explain in detail

Please describe any special skills that would be asset to employment here.

Please list and describe your work experience.

Employer _____ Dates of employment _____

Job title _____

Description of duties _____

Employer _____ Dates of employment _____

Job title _____

Description of duties _____

Employer _____ Dates of employment _____

Job Title _____

Description of duties _____

Please list up to three employer references.

Employer _____ Phone number _____ Email _____

Employer _____ Phone number _____ Email _____

Employer _____ Phone number _____ Email _____

Please list three personal references.

Name _____ Phone number _____ Email _____

Name _____ Phone number _____ Email _____

Name _____ Phone number _____ Email _____

Current veterinarian _____ Phone number _____

Have you ever been convicted of a misdemeanor or felony? ___Yes ___No If yes, please explain in detail.

Have you had your driver's license revoked or suspended in the last three years? ___Yes ___No If yes, give details.

COVID vaccine dates _____

Anything else that you would like us to know about you? Hobbies? Interests? Pets? Bucket list?

Thank you very much for completing this application. We will notify you for an interview if you meet our employment criteria.
