



# SPOONER VETERINARY CLINIC

715-635-2874

## CARE ANIMAL CLINIC

715-634-5050

Drs. G. L. Sloniker, A. M. Pederson, H. M. Szalajka

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, color, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Positions applied for	Date of application
How did you learn about us?	

Last name	First name	Middle name
Address	Street	City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you at home? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_

If yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

Date available for work? \_\_\_\_\_

What salary and benefits would you expect? \_\_\_\_\_

Are you available to work     Full time     Part time     Temporary

Would you have any difficulty lifting a 35# dog 4 feet off the ground? \_\_\_\_\_

Have you ever been discharged from an employer? \_\_\_\_\_

If so, please give reason and name and address of employer \_\_\_\_\_

Why do you want to work for a veterinarian? \_\_\_\_\_

Why should you be selected for the next available position? \_\_\_\_\_

# EDUCATION

SCHOOL	Name & address of school	Course of Study	Years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/professional				
Other (Specify)				

# WORK EXPERIENCE

Start with your present or last job.

Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Numbers:	Hourly Rate/ Salary		
	Starting	Final	
Supervisor:			
Reason for leaving:	May we contact them?		
Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Numbers:	Hourly Rate/ Salary		
	Starting	Final	
Supervisor:			
Reason for leaving:	May we contact them?		

Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Numbers:	Hourly Rate/ Salary		
	Starting	Final	
Supervisor:			
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Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Numbers:	Hourly Rate/ Salary		
	Starting	Final	
Supervisor:			
Reason for leaving:	May we contact them?		


**PERSONAL/PROFESSIONAL REFERENCES**

name	Phone number	Best time to Call	Occupation

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**please return this application with a resume= and letter of application. Thank You.**