



336.790.1890 | 3005 Randleman Rd, Greensboro, NC 27406 | southwoodsvet.com

Applicant Information

Full Name: _____

Home Address: _____ City/State/Zip: _____

Phone: _____

Emergency Contact

Contact Name: _____ Relationship to You: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____

Job Position Applying For: _____

Full or Part Time? *(please circle one)* **Salary Desired:** \$ _____

Were you referred to this position? Y/N *(please circle one)*

If yes, by who and what is your relationship to them? _____

Have you applied to our company previously? Y/N *(please circle one)*

Are you 18 years or older? Y/N *(please circle one)*

Are you willing to work any shift, including weekends? Y/N *(please circle one)*

If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work? _____

If applicable, are you available to work overtime? Y/N *(please circle one)*

If hired, are you able to submit proof that you are legally eligible of employment in the United States? Y/N *(please circle one)*

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Y/N *(please circle one)* What reasonable accommodation, if any, would you request?

Applicant Skills Please list any skills that may be useful for the job you are seeking, including the number of years of experience.



Employment Application

Please complete the entire application.

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Applicant Employment History *List your current or most recent employment first. Please list all jobs which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of the application.*

Employer Name #1: _____

Employer Name #2: _____

Supervisor Name: _____

Supervisor Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Job Duties: _____

Job Duties: _____

Reason for leaving: _____

Reason for leaving: _____

Dates of Employment (month/year): _____

Dates of Employment (month/year): _____

Employer Name #3: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for leaving: _____

Dates of Employment (month/year): _____

Education History

Name of School: _____

Degree Completed: _____

Name of School: _____

Degree Completed: _____

Other Training (graduate, technical, vocational): _____



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Awards, Honors, and Special Achievements:

Have you ever served in the military: Y/N (please circle one)

References *List any two non-relatives who would be willing to provide a reference for you.*

| | |
|-----------------------|-----------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Phone: _____ | Phone: _____ |
| Relationship: _____ | Relationship: _____ |

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of application, or if employment commences, immediate termination.

I authorize Southwoods Animal Hospital to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature. And either I or my employer will be able to terminate the employment relationship at any time without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Southwoods Animal Hospital, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Name: _____ Date: _____

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It is the policy of Southwoods Animal Hospital to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.