

## IAHC APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification. We will retain all submitted applications for six months.

### **PERSONAL INFORMATION**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ SS# \_\_\_\_\_

Have you previously applied at IAHC? Y\_\_ N\_\_

Do you have pets? Y\_\_ N\_\_      What kind of pets do you have? \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

Shifts preferred \_\_\_\_\_ Part-time \_\_ Full-time \_\_

Position applied for \_\_\_\_\_ Wage/salary desired? \_\_\_\_\_

When could you start? \_\_\_\_\_

Are you aware that working in a Veterinary Hospital may require you to work extra hours or overtime on some days in order to provide emergency care for our patients? Y\_\_ N\_\_

Are you willing to work these extra hours? Y\_\_ N\_\_

Please write a short paragraph about yourself emphasizing the skills and personal characteristics that you believe qualify you for this job:

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### **EDUCATION:** Highest level of school or vocational training

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Graduated?      Y\_\_N\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

**Integrative Animal Health Center**  
556 Main St. / Rt. 117 Bolton, MA 01740  
978-779-2955  
iahcbolton.com

**EMPLOYMENT HISTORY:** May we contact your present employer? Y\_\_ N\_\_

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**Most Recent Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Description of duties \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Previous Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Description of duties \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Previous Employer**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Description of duties \_\_\_\_\_

Name/Title of Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Authorization**

" I certify that the facts contained in this application are true to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of any such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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