

◆ Rocky Gorge Animal Hospital, Resort & Spa ◆

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer:

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Once we have received your application, resume, and references

we will review them to see if your skills, experience, and education are a good match for our current needs.

If we need additional information or want to schedule an interview, we will contact you.

If your qualifications do not match our current needs, we will keep your resume on file for one year.

■ PERSONAL DATA

Social Security No. _____ Date _____

Name _____
Last First Middle

Phone _____ Alternate Phone _____

E-mail _____ Alternate E-mail _____

Present Address _____

City _____ State _____ Zip _____

Position applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-time Part-time Specify days & hours if part-time _____

Available to work Nights, Weekends, and Holidays? No Yes Comments _____

Were you previously employed by this organization? No Yes If yes, when _____

List any friends or relatives working here. _____
Name(s)

Have you previously applied here? No Yes If yes, when _____

If your application is considered favorably, on what date will you be available for work? _____ 20____

Relevant Work Experience(s) _____

Skills/Qualifications that you feel will make you a good fit as part of our Healthcare team? _____

Please add any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements: Are you 18 years of age or older? Yes No

For driving jobs only: Do you have a valid driver's license? Yes No

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? Yes No

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain. _____

Have you previously applied here? Yes No If yes, when? _____

Have you worked for this or any business/ organization under a different name? Yes No If yes, give name _____

■ PROFESSIONAL REFERENCES *(not personal references or relatives)*

Name _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Occupation _____

Address _____ Phone _____

City _____ State _____ Zip _____

■ MEMBERSHIP in PROFESSIONAL or CIVIC ORGANIZATIONS *(Please do not include racial, religious, or nationality groups.)*

Name or Description of Organization _____

Active Participation: From _____ To _____ Offices Held _____

Name or Description of Organization _____

Active Participation: From _____ To _____ Offices Held _____

Name or Description of Organization _____

Active Participation: From _____ To _____ Offices Held _____

■ EDUCATION RECORD – NON-VETERINARIANS ONLY

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence, or Night School			
Other Education or Training			
Other machines /computers and programs/equipment you know how to operate _____			

■ EDUCATION RECORD – VETERINARIANS ONLY

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University (Pre-veterinary)			
College (Veterinary Curriculum)			
Postgraduate training, including internships (included dates and degrees awarded, if any _____			

Are you board certified? Board eligible? Which specialty board? _____

List continuing education courses completed in the last 24 months _____

List the states in which you are licensed to practice veterinary medicine along with license numbers: _____

WORK HISTORY *(begin with the most recent, list all past employers, including any pertinent military experience)*

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title: _____ Date Employed: From _____ To _____

Description of Duties _____

Earnings At Hire: _____ At Termination: _____

Reason for Termination _____

Contact Name _____ Phone _____

May we contact this employer? Yes No Email _____

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title: _____ Date Employed: From _____ To _____

Description of Duties _____

Earnings At Hire: _____ At Termination: _____

Reason for Termination _____

Contact Name _____ Phone _____

May we contact this employer? Yes No Email _____

WORK HISTORY (CONTINUED)

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title: _____ Date Employed: From _____ To _____

Description of Duties _____

Earnings At Hire: _____ At Termination: _____

Reason for Termination _____

Contact Name _____ Phone _____

May we contact this employer? Yes No Email _____

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title: _____ Date Employed: From _____ To _____

Description of Duties _____

Earnings At Hire: _____ At Termination: _____

Reason for Termination _____

Contact Name _____ Phone _____

May we contact this employer? Yes No Email _____

WORK HISTORY (CONTINUED)

Name of Company _____ Phone _____

Type of Business _____ Immediate Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Exact Job Title: _____ Date Employed: From _____ To _____

Description of Duties _____

Earnings At Hire: _____ At Termination: _____

Reason for Termination _____

Contact Name _____ Phone _____

May we contact this employer? Yes No Email _____

AFFIDAVIT

I certify that all information I have provided in this application is true and complete. I understand that any false statement or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except a previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.** I have read, understand, and by my signature, consent to these statements.

Signature _____ Date _____

Once we have received your application, resume, and references we will review them to see if your skills, experience, and education are a good match for our current needs. If we need additional information or want to schedule an interview, we will contact you. If your qualifications do not match our current needs, we will keep your resume on file for one year.

Rocky Gorge Animal Hospital, Resort, & Spa

HOSPITAL PHONE: 301.776.7744 ♦ RESORT PHONE: 301.575.5700

EMPLOYMENT E-FAX: 301.575.5727 ♦ employment@rockygorgevet.com

www.rockygorgevet.com ♦ 7515 Brooklyn Bridge Road ♦ Laurel, Maryland 20707

