

# 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.*

### PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per hour

Can you work  Full-time  Part-time Please 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 addition to our 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?  No  Yes

Driver's license number \_\_\_\_\_ Class of license \_\_\_\_\_

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

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

Since your 18<sup>th</sup> birthday, have you ever been arrested or charged with a crime?  No  Yes

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 worked for this or any business/organization under a different name?  No  Yes If yes, give name \_\_\_\_\_

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### 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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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Name or Description of Organization \_\_\_\_\_

Active Participation: From \_\_\_\_\_ To \_\_\_\_\_ Offices Held \_\_\_\_\_

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**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 _____			
_____			
_____			

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**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? <input type="checkbox"/> Board eligible? <input type="checkbox"/> 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: _____			
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_____			
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**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 \_\_\_\_\_

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Exact Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Earnings At Hire: \_\_\_\_\_ Upon Leaving: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer?  No  Yes Email \_\_\_\_\_

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Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Exact Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Earnings At Hire: \_\_\_\_\_ Upon Leaving: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer?  No  Yes Email \_\_\_\_\_

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Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Exact Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Earnings At Hire: \_\_\_\_\_ Upon Leaving: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer?  No  Yes Email \_\_\_\_\_

\_\_\_\_\_

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## 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

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