

Leavells Animal Hospital
 10355 Courthouse Road
 Spotsylvania, Virginia 22553
 540-891-4321

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Home Phone (____) _____ Cell Phone (____) _____ Other (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work Saturdays? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

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Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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	Your last job title		

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Signature of Applicant _____ Date _____