

**Falconbridge Animal Hospital**1401 West NC Highway 54  
Durham, NC 27707www.FalconbridgeAnimal.com  
hr@falconbridgeanimal.com  
info@falconbridgeanimal.com**Village Veterinary Hospital**50150 Governors Drive  
Chapel Hill, NC 27517

919-403-5591 Fax 919-408-0485

919-967-4779 Fax 919-967-4789

## Application for Employment

It is our policy that this employer 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.

Name _____	Date _____
Last                      First                      MI	
Address _____	
City _____	State _____ Zip _____
Phone _____	Fax _____
E-mail _____	
Driver's License # _____	State licensed in _____

Do you have the right to work in the U.S.?

 Yes  No

On an UNrestricted basis?

 Yes  No

Have you ever been convicted of a felony?

 Yes  No

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

 Yes  No

In the past three years, have you ever knowingly used and narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If yes, furnish details.

 Yes  No

If you are offered a position, are you willing to have drug screening performed?

 Yes  No

How did you hear of this opening? \_\_\_\_\_

Our hospitals are open Monday through Friday 7:30 a.m. to 6:00 p.m. and Saturday 8:30 a.m. to 12:30 p.m. Are there any hours, shifts or days you cannot or will not work?

Desired Number of Hours \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Position applied for \_\_\_\_\_

Wage or salary desired \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

Are you aware that working in a veterinary practice may require working extra hours or overtime some days in order to provide emergency care for our patients?

 Yes  No

Are you willing and able to work these extra hours?

 Yes  No

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Have you received the summary job description for this position? [ ] Yes [ ] No  
 Have you read the summary job description for this position? [ ] Yes [ ] No  
 Are you able to work in a smoke free environment? [ ] Yes [ ] No  
 Are you now or have you been a member or employee of a radical animal rights organization such as PETA within the last ten years? [ ] Yes [ ] No

**Education**

Level	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School		XXXXXX		
College/University				
College/University				

**Work History: (Past seven years)**

Most recent/present employer \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Ending Position: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**May we contact your most recent/present employer? [ ] Yes [ ] No**

**Work History continued on next page.**

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Prior employer \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Ending Position: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

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

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

**May we contact your prior employer? [ ] Yes [ ] No**

Prior employer \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Ending Position: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

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

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

**May we contact your prior employer? [ ] Yes [ ] No**

**Use additional pages for Prior Employers if needed.**

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In addition to your work history, what other types of experiences, skills, personality traits or qualifications do you possess that could help our company?

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**ADDITIONAL REFERENCES: Non-relatives only**

Name/Relationship	Where Worked Together	Telephone Number
		( ) -
		( ) -
		( ) -

**Applicant Statement**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the Unites States.

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 Applicant's Signature

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 Date