



**Florida Veterinary Referral Center**

**24-HOUR EMERGENCY and CRITICAL CARE HOSPITAL**

9220 Estero Park Commons Blvd., Suite #7  
 Estero, Florida 33928  
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 www.flvrc.com

**APPLICATION FOR EMPLOYMENT**

Florida Veterinary Referral Center is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis including race, color, age, sex, religion national origin or any other basis prohibited by federal, state, or provincial law.

Please complete entire application

**PERSONAL INFORMATION**

NAME (LAST)	FIRST	MIDDLE	SOCIAL SECURITY NUMBER		DATE
PRESENT ADDRESS					
STREET		CITY		STATE/PROVINCE	ZIP CODE
PHONE NUMBER	DAYTIME	EVENING	CELL	OTHER	
POSITION APPLYING FOR	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL	<input type="checkbox"/> SEASONAL	
	<input type="checkbox"/> OTHER				
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH FVRC?			IF YES, WHEN?		
ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<small>ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETING FORM I-9 AND PROVIDING DOCUMENTS ESTABLISHING IDENTITY AND WORK AUTHORIZATION.</small>					
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

**AVAILABILITY**

FVRC IS A 24-HOUR FACILITY. ARE THERE ANY RESTRICTIONS ON DAYS OR HOURS YOU CAN WORK? IF YES, PLEASE ADVISE.

WHAT DATE WOULD YOU BE AVAILABLE TO START WORKING?

HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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**EDUCATIONAL DATA**

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED		GRADUATED		DATE DEGREE CONFERRED	MAJOR	MINOR
	FROM (MO./YR.)	TO (MO./YR.)	YES	NO			
HIGH SCHOOL							
COLLEGE/OTHER							
GRADUATE SCHOOL							

ARE YOU PRESENTLY ENROLLED IN SCHOOL? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:  YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE:	PRESENT/FINAL	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR?  ( )
FROM (MO./YR.)	TO (MO./YR.)	OR SALARY:	WAGE OR SALARY:	
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:  YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE:	PRESENT/FINAL	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR?  ( )
FROM (MO./YR.)	TO (MO./YR.)	OR SALARY:	WAGE OR SALARY:	
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:  YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE:	PRESENT/FINAL	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR?  ( )
FROM (MO./YR.)	TO (MO./YR.)	OR SALARY:	WAGE OR SALARY:	
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				

COMPANY NAME/ADDRESS/TELEPHONE NUMBER:  ( )		IMMEDIATE SUPERVISOR:  YOUR JOB TITLE OR POSITION:		
DATES EMPLOYED		STARTING WAGE:	PRESENT/FINAL	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR?  ( )
FROM (MO./YR.)	TO (MO./YR.)	OR SALARY:	WAGE OR SALARY:	
REASON(S) FOR LEAVING:				
DESCRIBE YOUR DUTIES:				

**OTHER ACCOMPLISHMENTS**

PLEASE LIST BELOW ANY OTHER JOB RELATED ACCOMPLISHMENTS, PROFESSIONAL DISTINCTIONS, CERTIFICATIONS OR VERIFIABLE VOLUNTEER WORK.

_____ _____ _____
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MILITARY HISTORY		
BRANCH OF SERVICE	DATES OF SERVICE	
	FROM	TO

PROFESSIONAL REFERENCES (do not list family members)		
NAME	ADDRESS	OCCUPATION/TELEPHONE #
1		Occupation: _____ _____ Telephone#: ( )
2		Occupation: _____ _____ Telephone#: ( )
3		Occupation: _____ _____ Telephone#: ( )

SIGNATURE
<p style="text-align: center;"><b>PLEASE READ CAREFULLY BEFORE SIGNING</b></p> <p>By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.</p> <p>I authorize verification and investigation of the statements made on this application and of my employment history.</p> <p>Florida Veterinary Referral Center endeavors to provide a safe, healthful and productive work environment for its employees by supporting maintenance of a Drug-Free Workplace. All applicants are required to take and pass a drug test.</p> <p>_____ Signature</p> <p style="text-align: right;">_____ Date</p>