

**Veterinary Medical Center**  
**28966 Information Lane**  
**Easton, Maryland 21601**  
(410) 822-8505 (410) 758-3404  
Fax (410) 820-8328 Email- [carnold@vmceaston.com](mailto:carnold@vmceaston.com)

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Would you work Full-Time \_\_\_\_ Part-Time \_\_\_\_

Specify days and hours if Part-Time \_\_\_\_\_

If your application is considered favorably, on what date would you be available for work? \_\_\_\_\_

List any work experiences, skills, or qualifications that you feel would especially fit you for work at VMC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in working at a Veterinary Hospital - What are your career goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION RECORD**

Please list highest level of education completed, degree received (if any), and name of institution attended.

\_\_\_\_\_  
\_\_\_\_\_

List any extracurricular activities or special interests (Athletics, Clubs, etc.) \_\_\_\_\_

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**WORK HISTORY**—if resume already submitted indicate- “see resume”

1. From \_\_\_\_\_ to \_\_\_\_\_ employed by \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Job title, duties performed \_\_\_\_\_

\_\_\_\_\_ final salary \_\_\_\_\_

Number of days absent for illness \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like about job? \_\_\_\_\_

What did you dislike about job? \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_ employed by \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Job title, duties performed \_\_\_\_\_

\_\_\_\_\_ final salary \_\_\_\_\_

Number of days absent for illness \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like about job? \_\_\_\_\_

What did you dislike about job? \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_ employed by \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Job title, duties performed \_\_\_\_\_

\_\_\_\_\_ final salary \_\_\_\_\_

Number of days absent for illness \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like about job? \_\_\_\_\_

What did you dislike about job? \_\_\_\_\_

4. From \_\_\_\_\_ to \_\_\_\_\_ employed by \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Job title, duties performed \_\_\_\_\_

\_\_\_\_\_ final salary \_\_\_\_\_

Number of days absent for illness \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
What did you like about job? \_\_\_\_\_  
What did you dislike about job? \_\_\_\_\_

References:

Name	Phone Number	Business or Personal
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Upon inquiry, I hereby authorize you, my former employers, or references to furnish information concerning my personal background, or employment record, and I hereby release all such persons from any liability for having furnished this information. I hereby agree to submit to a physical examination if requested by the company. I hereby warrant that the information given by me in this application is true on all respects, and I understand that if I am employed and it is found to be false, that I will be subject to dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment.