

## **Santa Cruz Veterinary Clinic**

Applicant Information								
Full Name:	lame:				Date:			
	Last	First				М.І.		
Address:								
	Street Address						Apartment/Un	it#
	City					State	ZIP Code	
Phone:			E	mail				
Date Availal	ole:	Social Security	No.:			Desire	ed Salary: <b>\$</b>	
Position Applied for:								
YES NO YES NO Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □ □						S NO		
Have you ever worked for this company?  YES NO  If yes, when?								
Have you ever been convicted of a felony? YES NO								
If yes, explain:								
Education								
High School: Address:								
From:	To:	Did you gra	aduate?	YES	NO	Diploma:		
College:		А	\ddress:_					
From:	To:	Did you gra	aduate?	YES	NO	Degree:		
Other:		Д	Address:					
From:	To:	Did you gra	aduate?	YES	NO	Degree:		
References								
Please list	three professional refe	rences.						
Full Name:							onship:	
Company:						F	Phone:	
Address:								

Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:		Phone:		
Address:				
	Previous E	mployme	ent	
Company:				Phone:
Addross:				Supervisor:
Job Title:	Starting S	Ending Salary:\$		
Responsibilities:				
	To:			
May we contact you	r previous supervisor for a reference?	YES	NO	
A -l -l				Phone: Supervisor:
		Salary: <b>\$</b>		
Responsibilities:				
	To:			
May we contact you	r previous supervisor for a reference?	YES	NO	
Company:				Dhone:
۰ <u></u>				Phone: Supervisor:
	Starting Salary:\$			Ending Salary:\$
				<u> </u>
From:				
	r previous supervisor for a reference?	YES	NO 🗆	

Military Service						
Branch:	From:	To:				
Rank at Discharge: Type of Discharge:						
If other than honorable, explain:						
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I unders interview may result in my release.	tand that false or misleading information	in my application or				
Signature:	Date	۵٠				