



**midlothian
animal clinic**

14411 Sommerville Court
Midlothian, VA 23113
Tel. (804) 794-2099
Fax (804) 794-3015
www.macvetva.com

We treat your pets like family

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying For: _____

Name: _____ Phone: _____

Mailing Address: _____ Home: _____

City: _____ State: _____ Zip: _____ Other: _____

Email Address: _____ Social Security No.: _____

Are you currently employed? If so, may we contact your current employer for reference? Yes No
If you answered no, please explain _____

EDUCATION

High School: _____ Did you graduate? Yes No

College: _____ Major Subjects: _____ Graduate? Yes No

Other Education: _____ Major Subjects: _____ Graduate? Yes No

Subjects of interest: _____

Special training: _____

Activities (Civic, Athletic, Etc): _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

SKILLS

Have you had experience in the following areas?

Please circle one:

Typing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Microsoft Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Microsoft Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Telephone Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Medical Charting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Animal Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A
Animal Handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: B	I	A

B= Beginner I= Intermediate A= Advanced

EMPLOYMENT

PLEASE LIST THE MOST RECENT EMPLOYER FIRST.

Date: Month & Year	Name & Phone Number	Salary	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

PERSONAL REFERENCES

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS AQUANTED

EMERGENCY CONTACT

In case of an emergency, notify: _____
Address: _____ Telephone: _____

ADDITIONAL INFORMATION

Please complete the following information

1.) Describe the responsibilities on your present or last job. Please give a detailed response. _____

_____.

2.) What factors would contribute to your sense of satisfaction on a job? _____

3.) What aspects of working with people do you find enjoyable, and what if, any do you find less enjoyable? _____

4.) What is your idea of excellent client service? _____

5.) How do you feel about working as part of a team? _____

6.) What specific aspects of your education or experience do you consider to be beneficial to this position? _____

I authorize investigation of all statements contained in this application. I understand and agree that my employment with Midlothian Animal Clinic is for no definite period of time and may be terminated at any time.

Signature of Applicant

Date