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Gary Sargent, DVM  
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*"Professional and personal service for you and your pets"*

## **Employment Application**

*An equal opportunity employer*

### **Personal:**

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Name (last, first, middle): \_\_\_\_\_

Present address (street, city, state, zip): \_\_\_\_\_ Telephone: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_

Would you work \_\_\_\_ Full-Time \_\_\_\_ Part-Time (specify days and hours if part-time) \_\_\_\_\_

Were you previously employed by this organization? \_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse: \_\_\_\_\_

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

Are there any other work experiences, skills or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider.

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Are you 18 yrs of age or older? Yes \_\_\_\_ No \_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a felony? (A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will be considered)

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you previously applied here? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_

Have you worked for any entity under a different name? Yes \_\_\_\_ No \_\_\_\_

If yes, give name: \_\_\_\_\_



**Personal References** *(not former employers or relatives)*

Name and Occupation	Address	Phone number

**Membership in Professional or Civic Organizations** *(do not include racial, religious or nationality groups)*

Name of Organization	Dates of participation	Offices Held

**Education Record** *(Non-Veterinarians)*

Name of School		Degree Awarded	Grade Average	Honors
High School:				
College/University:				
Business/Trade/Correspondence				
Do you type?	Shorthand?	Office machines you know how to operate?		
WPM:	WPM:			

**Work History** *(begin with the most recent, list all past employers, including any pertinent military experience)*

Name of company:		Business address:		Phone:
Type of business:		Immediate Supervisor:		Date employed:
Job Title:	Earnings at hire:	At termination:	Reason for termination:	
Description of Duties:				



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### Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYEMENT NOR GUARANTEE EMPLOYEMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYEMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For Employer's Use Only**

Reference Checks:

Date Called	Company Called	Person Contacted	Comments

**Interview Results:**


*The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine.*

