Fall Creek
VETERINARY MEDICAL CENTER

Application for Employment

Date MM/DD/YYYY

Please complete pages 1 to 4. Please type or print all information requested except signature.
Applicants may be tested for illegal drugs.
Fill it in on screen and save it, or print it. Email it to careers@fallcreekvet.com or bring it to the front desk.

About you

First name | Middle name | Last name | Maiden name

Present address (number and street) | City | State | Zip

How long at this address | Social Security number | Telephone | If under 18, please list age

Position and availability

Position applied for (be specific) | Salary desired

Days and hours available to work (check each day and add the hours, or check no preference)

- ☐ No preference
- ☐ Mon
- ☐ Tue
- ☐ Wed
- ☐ Thu
- ☐ Fri
- ☐ Sat
- ☐ Sun

How many hours can you work weekly?

Can you work nights? ◯ Yes ◯ No

Employment desired ◯ Full-time only ◯ Part-time only ◯ Full- or part-time

When available for work? MM/DD/YYYY

Education

Type of school	Name of school	Location (complete mailing address)	Years completed	Major and degree
High school				
College				
Business or trade school				
Professional school				

Military

Have you ever been in the armed forces? ◯ Yes ◯ No

Are you now a member of the National Guard? ◯ Yes ◯ No

Specialty

Date entered MM/DD/YYYY

Discharge date MM/DD/YYYY

Work experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer 1 (most recent)

Name of employer

Name of last supervisor

Phone number

Address

City, state, zip code

Employed from MM/DD/YYYY

Employed to MM/DD/YYYY

☐ Present

Starting pay

Final pay

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer 2

Name of employer

Name of last supervisor

Phone number

Address

City, state, zip code

Employed from MM/DD/YYYY

Employed to MM/DD/YYYY

☐ Present

Starting pay

Final pay

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer 3

Name of employer

Name of last supervisor

Phone number

Address

City, state, zip code

Employed from MM/DD/YYYY / / Employed to MM/DD/YYYY / / ☐ Present

Starting pay

Final pay

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer 4

Name of employer

Name of last supervisor

Phone number

Address

City, state, zip code

Employed from MM/DD/YYYY / / Employed to MM/DD/YYYY / / ☐ Present

Starting pay

Final pay

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer 5

Name of employer

Name of last supervisor

Phone number

Address

City, state, zip code

Employed from MM/DD/YYYY / / Employed to MM/DD/YYYY / / ☐ Present

Starting pay

Final pay

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Other information

May we contact your present employer? ◯ Yes ◯ No

Did you complete this application yourself? ◯ Yes ◯ No

If not, who did?

Do you have a driver's license? ◯ Yes ◯ No

What is your means of transportation to work?

Driver's license number | State of issue | Expiration date MM/DD/YYYY

License type ◯ Operator ◯ Commercial (CDL) ◯ Chauffeur

Have you had any accidents during the past three years? ◯ Yes ◯ No How many?

Have you had any moving violations during the past three years? ◯ Yes ◯ No How many?

By signing below, I certify that all the preceding information is correct and truthful. I also verify that I am a legal citizen of the United States, and that I am eligible for legal employment.

Applicant signature (type your full name, or print and sign) | Date MM/DD/YYYY

When you are done: save this file and email it to careers@fallcreekvet.com, or print it and bring it to the front desk at 9667 Geist Crossing Drive, McCordsville, IN 46055.