# Employment Application veterinary ophthalmology services

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | Date | | | |  | |
| Street Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | |
| City |  | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | ZIP |  | | | | | | | |
| Phone |  | | | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | |  | | | | | | | | | | TN VET Tech license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Desired Salary Range | | | | | |  | | | | | |
| Position Applied for | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| College | |  | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| Other | |  | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | | $ | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | | $ | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | | $ | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your 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 understand that false or misleading information in my application or interview  may result in my release. Veterinary Ophthalmology Services reserves the right to ask for written permission for a background | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | | | |

Please write and attach a short cover letter that describes four strengths with specific examples from your work history: overcoming an obstacle, innovating a new process to better efficiency, creating a positive work culture, and mediating a difficult personality in the workplace. Also, provide 3 written references: personal, co-worker, and supervisor. MAIL TO [employment@vostn.com](mailto:employment@vostn.com) with RESUME in the subject line. Following instructions is your first measure.