



CVS EMPLOYMENT APPLICATION

31310 Woodhaven Trail Cannon Falls, MN 55009
651-258-4050 fax 651-258-4051 email: Drtomwinter@cannonvet.com

TO APPLICANT: Thank you for your interest in **Cannon Veterinary Services Ltd.** and for taking time to provide us with your background and work history. This information is necessary to assist us in placing you in a position that best meets your qualifications.

PERSONAL

Date _____, 20_____

Name _____ Birth date _____ Soc. Sec. # _____

Home# _____ Cell# _____ Driver License# _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Position applied for _____

Do you prefer? Full Time _____ Part Time _____ If part time, days & hours _____

Date available for work _____ Salary desired _____

How did you hear about this position? _____

Have you been convicted of a felony within the last five years? Yes__ No__ If yes, Explain _____

Have you ever been suspended or discharged for cause? Yes__ No__ If yes, Explain _____

MEDICAL HISTORY

Date of last health exam _____ Purpose _____

Are you willing to take a physical exam? Yes__ No__

How much time have you lost through illness in the past 2 years? _____

What was the reason? _____

Do you have any physical impairment? Yes__ No__ If yes, Explain _____

Have you ever been hospitalized? Yes__ No__ If yes, did it affect job performance? _____
give dates & causes: _____

SPECIALIZED SKILLS AND EXPERIENCE

Explain your receptionist skills?

Explain your computer skills

Can you type? How many words per minute?

Explain your lab skills?

How much experience have you had working with horses?

How much experience have you had working with small animals?

Describe other special skills, training, licensing, or certification which may be related to the position for which you are applying?

Would you consider yourself a motivated person?

Describe the ideal Veterinary Practice

How would you contribute to its success?

On behalf of CVS, we would like to thank you for completing this Employment Application. We appreciate dedicated people who strive to work as a valued team member to advance the CVS practice and Veterinary Medicine for horses and pets.

Employment History

(Begin with most recent)

Employer _____ From _____ to _____

Address _____ Phone Number _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Starting Position _____ Ending Position _____

Reason for Leaving _____

Describe Responsibilities _____

Employer _____ From _____ to _____

Address _____ Phone Number _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Starting Position _____ Ending Position _____

Reason for Leaving _____

Describe Responsibilities _____

Employer _____ From _____ to _____

Address _____ Phone Number _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Starting Position _____ Ending Position _____

Reason for Leaving _____

Describe Responsibilities _____

* May we contact the supervisors listed above? If not, please indicate which ones.

Personal References

(Individuals who may be familiar with your abilities or work performance)

Name	Occupation and Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Background

School Name	Course of Study/Degree	Dates Attended	Graduated?	Grade Average
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____

Additional Training or Professional Experience

The information that I have furnished on this application, is true and complete. I understand that if employed, false statements or omissions on this application shall be deemed sufficient cause for dismissal. CVS is hereby authorized to make a full investigation of all information contained in this application. You may contact former employers, supervisors or persons named with the exception of those indicated above, concerning any and all information in their possession which has a bearing on my suitability as an applicant.

Date _____ Signature _____

For Office Use

Date: _____ Accepted by: _____