



SOUTHERN OREGON
VETERINARY SPECIALTY CENTER

EMPLOYMENT APPLICATION

Date of Application _____ Position Applied For _____

How did you hear of our job opening? _____

Name (first, middle initial and last) _____

Address _____

Email Address _____

Primary phone _____ Alternate Phone _____

Best time to call? _____ Are you at least 18 years of age? Yes No

May we contact you at work? Yes No If yes, Work Phone _____

Date Available to Start? _____ Desired wage? _____

Have you applied for a position at SOVSC previously? Yes No _____

Reasons for wanting this position _____

Are you legally eligible for employment in this country? Yes No _____

Hours Available to Work Full-time for _____ hours/week Part-time for _____ hours/week

Please indicate any dates or times you are not available.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

REFERENCES *(List 4 people not related to you)*

NAME	PHONE NUMBERS	YEARS KNOWN	HOW THEY KNOW YOU

