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## Employment Application

Today's Date: \_\_\_\_\_

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability that is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

United State citizen: Yes No Are you authorized to work in the US on an unrestricted basis? Yes No When would you be available to start? \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Education: \_\_\_\_\_ (High School) Dates attended: \_\_\_\_\_ Graduated Yes No

\_\_\_\_\_ (College) Dates attended: \_\_\_\_\_ Graduated Yes: Degree \_\_\_\_\_ No

\_\_\_\_\_ (College) Dates attended: \_\_\_\_\_ Graduated Yes: Degree \_\_\_\_\_ No

210 INDUSTRIAL ROAD, SUITE #100 • SAN CARLOS, CA 94070  
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650•551•1115  
800•427•5367  
FAX 650•551•0100

Questions

Are there any restrictions on your schedule that might limit your ability to work the hours that we are open? Yes No If yes, please explain:

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Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No If yes, please explain:

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Work History: (please explain any gaps during which you were neither employed nor in school)

EMPLOYER		SUPERVISOR	JOB TITLE & DUTIES	EMPLOYMENT DATES	REASON FOR LEAVING
PRESENT OR LAST	Co. Name: Address: City/State/Zip:	Name: Phone: May we contact?		From:  To:	
PREVIOUS	Co. Name: Address: City/State/Zip:	Name: Phone: May we contact?		From:  To:	
PREVIOUS	Co. Name: Address: City/State/Zip:	Name: Phone: May we contact?		From:  To:	
PREVIOUS	Co. Name: Address: City/State/Zip:	Name: Phone: May we contact?		From:  To:	

References: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Please describe what is most important in a job. Include expectations for salary, time off, working environment. Please be specific based on previous positions you have held. What has provided you with the most/least job satisfaction in the past?

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Rate yourself in the following areas (1=Low; 5 = High). Please don't assume that a rating of 5 is expected (or particularly believable!). Please add comments

Prompt, gets to work on time

Flexible, does not view job area rigidly

Cheerful, helpful to clients/coworkers

Responsible

Compassionate, particularly with animals

Efficient, uses time effectively

Thorough, completes tasks

Able to take initiative and see what needs to be done

Organized

Telephone skills

Computer skills, Typing skills

**AGREEMENT**

I certify that the answers given herein are true and complete, without misrepresentation, to the best of my knowledge. I understand that misrepresentation of any facts will be cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to a physical examination if such is required as a condition of employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job.

I understand that this application does not constitute a written contract of employment. I further understand that, if offered, employment is for no definite period or time and may be terminated at any time at the will of employer or employee, without any previous notice.

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Signature

Date