HUDSON VALLEY
VETERINARY DERMATOLOGY

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone (cell) _____ Email _____
Phone (other) _____

Date Available: _____ Desired Salary:$ _____

Position Applied for: _____

Days available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours available: _____

How did you hear about us? _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Are you eighteen years of age or older? YES ☐ NO ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

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 (please do not include friends or family members)*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Supervisor Email: _____ Supervisor Phone: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Supervisor Email: _____ Supervisor Phone: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Supervisor Email: _____ Supervisor Phone: _____

Are you a licensed veterinary technician? ☐ License eligible? ☐ When do expect to complete the program?

_____

Please rate your basic computer and typing skills: ◯ Excellent ◯ Very Good ◯ Good ◯ Needs Improvement

Please list any other experiences, skills, strengths, or qualifications that you believe should be considered in evaluating your candidacy for employment. You may wish to include computer/typing skills, leadership roles, awards, certificates, or special recognition that you received in connection with previous employment or your own interest in animals and veterinary medicine.

_____

_____

_____

_____

_____

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 (may type name if submitting electronically):

Signature: _____ Date: _____

Please return this completed application to info@nydermvet.com

Hudson Valley Veterinary Dermatology, PLLC is an Equal Opportunity Employer