

1308 North First Avenue Stayton, Oregon 97383 503.769.7387 (PETS) 503.769.9832 fax staff@staytonveterinary.com staytonveterinary.com

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Employment Application

Job you are applying for: CVT	Veterinary Assistant	Entry level Kennel Assistan	t
General Information			
Name:		Cell:	
Mailing Address:			
City:		State:	ZIP:
Email Address:			
Do you have a friend or relative that is o		ton Veterinary Hospital?	s No
Do you have any other past connection	with Stayton Veterinary	Hospital? Yes No	
Employment History			Please list your last three employers.
Do you have work experience? 🔲 Yes	S No		
EMPLOYER 1			
Name:			
Mailing Address:			
City:		State:	ZIP:
Supervisor Name:		Phone:	
Start Date:		End Date:	
Position Title:		Salary:	

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What were the primary duties of your position?		Use a separate paper for more space.
May we contact as a reference? Yes No		
That, the contact as a reference fee five		
EMPLOYER 2		
Name:		
Mailing Address:		
City:	State:	ZIP:
Supervisor Name:	Phone:	
Start Date:	End Date:	
Position Title:	Salary (optional):	
What were the primary duties of your position?		Use a separate paper for more space.
May we contact as a reference? Yes No		
EMPLOYER 3		
Name:		
Mailing Address:		
City:	State:	ZIP:
Supervisor Name:	Phone:	
Start Date:	End Date:	
Position Title:	Salary (optional):	
What were the primary duties of your position?		Use a separate paper for more space.
May we contact as a reference? Yes No		

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Education History

School:		
City:	State:	ZIP:
Enrollment Start Date:	End Date:	ZIF.
Type of Degree:	Liiu Date.	
Type of Degree.		
Certifications/ Licensur	e	
Name of Certification:		
Date Received:	Expiration:	
Certification/License Number:		
No control of Control		
Name of Certification:		
Date Received:	Expiration:	
Certification/License Number:		
References	Please list three individuals who are in a position to evaluate yo	our performance, experience, and accomplishments.
REFERENCE 1		
Name:	Title:	
Company:		
Phone	Email:	
Relationship to reference:		
REFERENCE 2		
Name:	Title:	
Company:		
Phone	Email:	
Relationship to reference:		
REFERENCE 3		
Name:	Title:	
Company:	1100	
Phone	Email:	
Relationship to reference:		

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Please describe why you are interested in this position.				
I may separate myself or be separated upon passing a criminal background ch Hospital and all providers of information the hiring process. I am affirming that I and being on my feet for the majority of any additional written or oral information.	oluntary period of introductory employment, generally up to 90 days, during which voluntarily without notice. I understand that any offer of employment is contingent ck and authorize Stayton Veterinary Hospital to run one. I release Stayton Veterinary from any liability as a result of furnishing and receiving any information related to m physically capable of carrying out my job which includes lifting up to 50 pounds the work day. I am affirming the statements I have made on this application and that in is true. I understand that any false statements, misrepresentation or material pital to reject this application and employment.			
Signature:	Date:			

Thank you for your interest in becoming a member of the care team at Stayton Veterinary Hospital. Please mail or deliver your completed application to our clinic with a copy of your resume (if available). We will be in contact regarding our next step in the hiring process if you are selected for an interview. We look forward to meeting you.

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