



Lisbon Veterinary Clinic Inc.
8100 Race Rd
Lisbon, OH 44432
Phone: (330) 424-3512
Fax: (330) 424-1808

Employment Application

Personal Information

Application Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Are you over the age of 18? ☐ Yes ☐ No

Position in which you are applying for _____

What animals (if any) do you have experience with? _____

How many hours a week would you like to work? ☐ Up to 30 hours ☐ Up to 40 hours
- All staff work Saturdays on a rotational basis.

Are you legally eligible for employment in the U.S.? ☐ Yes ☐ No

(Proof of US citizenship or immigration status will be required upon employment.)

Have you served in the U.S. military? ☐ Yes ☐ No

If yes, please list job-related skills or experience _____

Have you ever been convicted of, fined, sentenced, or pleaded "no contest" for any criminal offense

(misdemeanor or felony)? ☐ Yes ☐ No

If yes, where and disposition _____

(A conviction does not necessarily disqualify you from employment)

Do you know anyone currently or previously employed at our facility? ☐ Yes ☐ No

If yes, please list _____

When are you able to start work? _____ Desired pay? (hourly) _____

Employment History

Please list the most recent employment first.

Organization: _____ Phone: (____) _____

Address: _____

Position Held: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Hourly/Salary Rate: Begin _____ End _____

Duties: _____

Termination: ☐ Voluntary ☐ Involuntary ☐ N/A: Currently employed

Reason for leaving: _____

May we contact your present employer? ☐ Yes ☐ No

Organization: _____ Phone: (____) _____

Address: _____

Position Held: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Hourly/Salary Rate: Begin _____ End _____

Duties: _____

Termination: ☐ Voluntary ☐ Involuntary ☐ N/A: Currently employed

Reason for leaving: _____

Organization: _____ Phone: (____) _____

Address: _____

Position Held: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Hourly/Salary Rate: Begin _____ End _____

Duties: _____

Termination: ☐ Voluntary ☐ Involuntary ☐ N/A: Currently employed

Reason for leaving: _____

Educational Background

High School:

Name & Location: _____ Diploma/Degree/GED: _____

Course of Study: _____ Years Completed: _____

College or Trade School:

Name & Location: _____ Diploma/Degree: _____

Course of Study: _____ Years Completed: _____

Certifications:

Please list any licenses, certifications or registrations:

Type: _____ Number: _____ Exp Date: _____

Type: _____ Number: _____ Exp Date: _____

Type: _____ Number: _____ Exp Date: _____

Please list any additional skills/abilities, training, coursework or programs completed: _____

Character References: (Should **not** be previous employers or relatives)

Name: _____ **Phone:** (____) _____ **Years known:** _____

Occupation: _____ **How do you know this person?:** _____

Name: _____ **Phone:** (____) _____ **Years known:** _____

Occupation: _____ **How do you know this person?:** _____

Name: _____ **Phone:** (____) _____ **Years known:** _____

Occupation: _____ **How do you know this person?:** _____

Applicant's Certification

Read Carefully

I understand that in order to be considered for employment with Lisbon Veterinary Clinic Inc., I agree to the following:

1. All of the information I provide in this application is true.
2. Lisbon Veterinary Clinic Inc. may investigate my background, and I authorize all persons and organizations to release any information concerning me which may be relevant to my employment by Lisbon Veterinary Clinic Inc. and release any person or organization furnishing such information from liability for providing the same.
3. Submission of false information on this application may result in immediate termination of my employment with Lisbon Veterinary Clinic Inc., if i am employed, or may disqualify me from eligibility for employment with Lisbon Veterinary Clinic Inc.
4. I hereby agree to any health assessments that may be required and other assessments as required by the position or by law.
5. I further understand that, if hired, I must hold privileged patient, client, employee and clinic information in confidence and that if I breach that confidentiality, I may be disciplined or even terminated.

Please note that if you are offered and accept a position with Lisbon Veterinary Clinic Inc., your employment is "at-will" and may be terminated by you or the company at any time with or without cause or prior notice.

Signature: _____ **Date:** _____