

Countryside Veterinary Clinic
Application for Employment



**Countryside
Veterinary Clinic** PLLC
13950 Highway 5
Young America MN 55397
(952) 442-4200

Thank you for your interest in working at Countryside Veterinary Clinic!
We are excited to meet you, and find out if you will be a good fit to join our team. ***Please submit a Resume and Cover Letter along with your application if you have not done so already.*** If you have recently graduated or are currently a student, please also submit an unofficial transcript. These materials can be addressed and sent to Jeannie, our Practice Manager and Dr. Anna, the owner of Countryside.
Jeannie.countrysidevet@gmail.com, Dr.Anna.countrysidevet@gmail.com

Our Mission is **to enhance and lengthen the lives of the pets and the people in our community.**
Our Team Core Values are: **Education, Compassion, Integrity, Respect (Not Judging), Communication and Positivity**

All employees are expected to maintain and uphold our core values with other staff and with our clients without exception. Please make sure you recognize and understand the above Mission and Core Values before you apply for a position here.

It is our policy that we comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____	Date _____
First Last MI	
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ E-mail _____
Driver's License # _____	State licensed in _____

Do you have the right to work in the U.S.? [] Yes [] No
On an unrestricted basis? [] Yes [] No

How did you hear of this opening? _____
After reviewing the job description for the position for which you are applying, are there any hours, shifts or days you cannot or will not work? _____
Shifts Preferred: [] Full-Time [] Part-Time (number of hours if PT) _____

Position applied for _____
Wage or salary desired \$ _____ When can you start? _____

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Are you aware that working in a veterinary practice may require working extra hours or overtime some days in order to provide emergency care for our patients? Yes No

Are you willing and able to work these extra hours? Yes No

Have you received the job description for this position? Yes No

Have you read the job description for this position? Yes No

Are you able to work in a smoke free environment? Yes No

Have you ever been convicted of a crime? Yes No

Are you now or have you been a member or employee of a radical animal rights organization such as PETA within the last ten years? Yes No

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ.				
College/Univ.				

Work History: (Past seven years)

Most recent/present employer _____

Address _____ Phone number _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Ending/current Salary: _____ Ending Position: _____

Name & Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

May we contact your most recent/present employer? Yes No

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Prior employer _____

Address _____ Phone number _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Ending Salary: _____ Ending Position: _____

Name & Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

May we contact your prior employer? Yes No

Prior employer _____

Address _____ Phone number _____

Date Started: _____ Starting Salary: _____ Starting Position: _____

Date Left: _____ Ending Salary: _____ Ending Position: _____

Name & Title of Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

May we contact your prior employer? Yes No

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REFERENCES: Non-relatives only

Name & Relationship	Email	Telephone Number
1. Relationship:		() -
2. Relationship:		() -
3. Relationship:		() -

Employee Statement

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I authorize the references listed above and other individuals who you may contact to provide any and all information concerning my previous employment and any other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of this business other than its owner has the authority to enter into agreement for employment for any specified period of time or to make any agreement contrary to that stated in this form. Furthermore, the owner of this business may not alter the at-will nature of the employment relationship unless he or she does so in writing.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Signature

Date