



# CVS EMPLOYMENT APPLICATION

31310 Woodhaven Trail Cannon Falls, MN 55009  
651-258-4050 fax 651-258-4051 email: Drtomwinter@cannonvet.com

**TO APPLICANT:** Thank you for your interest in **Cannon Veterinary Services Ltd.** and for taking time to provide us with your background and work history. This information is necessary to assist us in placing you in a position that best meets your qualifications.

## PERSONAL

Date \_\_\_\_\_, 20\_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Driver License# \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_

Do you prefer? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ If part time, days & hours \_\_\_\_\_

Date available for work \_\_\_\_\_ Salary desired \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Have you been convicted of a felony within the last five years? Yes\_\_ No\_\_ If yes, Explain \_\_\_\_\_

Have you ever been suspended or discharged for cause? Yes\_\_ No\_\_ If yes, Explain \_\_\_\_\_

## MEDICAL HISTORY

Date of last health exam \_\_\_\_\_ Purpose \_\_\_\_\_

Are you willing to take a physical exam? Yes\_\_ No\_\_

How much time have you lost through illness in the past 2 years? \_\_\_\_\_

What was the reason? \_\_\_\_\_

Do you have any physical impairment? Yes\_\_ No\_\_ If yes, Explain \_\_\_\_\_

Have you ever been hospitalized? Yes\_\_ No\_\_ If yes, did it affect job performance? \_\_\_\_\_  
give dates & causes: \_\_\_\_\_

## SPECIALIZED SKILLS AND EXPERIENCE

Explain your receptionist skills?

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Explain your computer skills

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Can you type? How many words per minute?

Explain your lab skills?

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How much experience have you had working with horses?

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How much experience have you had working with small animals?

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Describe other special skills, training, licensing, or certification which may be related to the position for which you are applying?

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Would you consider yourself a motivated person?

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Describe the ideal Veterinary Practice

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How would you contribute to its success?

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**On behalf of CVS, we would like to thank you for completing this Employment Application. We appreciate dedicated people who strive to work as a valued team member to advance the CVS practice and Veterinary Medicine for horses and pets.**

# Employment History

(Begin with most recent)

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe Responsibilities \_\_\_\_\_  
\_\_\_\_\_

\* May we contact the supervisors listed above? If not, please indicate which ones.

# Personal References

(Individuals who may be familiar with your abilities or work performance)

Name	Occupation and Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Education Background

School Name	Course of Study/Degree	Dates Attended	Graduated?	Grade Average
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____
_____	_____	_____	Y or N	_____

## Additional Training or Professional Experience

\_\_\_\_\_

\_\_\_\_\_

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The information that I have furnished on this application, is true and complete. I understand that if employed, false statements or omissions on this application shall be deemed sufficient cause for dismissal. CVS is hereby authorized to make a full investigation of all information contained in this application. You may contact former employers, supervisors or persons named with the exception of those indicated above, concerning any and all information in their possession which has a bearing on my suitability as an applicant.

Date \_\_\_\_\_ Signature \_\_\_\_\_

For Office Use

Date: \_\_\_\_\_ Accepted by: \_\_\_\_\_