



SERVING ANIMAL HEALTH SINCE 1952

sunburyvet@aol.com
www.sunburyanimalhospital.com

3920 SR 890
Sunbury PA, 17801

Phone: 570-286-5131
Fax: 570-286-5650

Employment Application

Date:

Name:

Address:

Phone:

Social Security Number:

Date of Birth:

If you are under the age of 18 can you provide proof of eligibility to work?

Do you have a valid Driver's License?

Do you have viable means of transportation?

Have you ever been convicted of a crime which is substantially related to the functions of qualifications of the job in which you are applying for?

May we contact your present or former employers?

Do you have any allergies to animals?

Position Applying for:

How many hours weekly can you work?

Employment desired: Full-time, Part-time

Desired Wage:

Date able to start:

Education *(please include: Name of School, Location, Number of years completed, and Major/Degree Earned)*

High School:

College:

Business/Trade School:

Professional:

Work Experience

Name of Employer:	Supervisor's Name:
Address:	Employment Dates:
Phone Number:	
Position:	
Reason for Leaving:	

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Please List 2 References other than relatives

Name:	Name:
Phone Number:	Phone Number:
Company:	Company:
Position:	Position:

Tell us about yourself and why you want to work at Sunbury Animal Hospital:

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All applicants are subject to a background check and drug screening

Signature of Applicant:
Date: