



EMPLOYMENT APPLICATION

Position applying for:

Kulshan Veterinary Hospital
 8880 Benson Road, Lynden
 (360) 354-5095

www.kulshanvet.com DrKulshan@kulshanvet.com

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	Email address

Do you have the legal right to work in the U.S.? Yes No
Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you been convicted of a felony or released from prison within the last ten (10) years? Yes No
Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.

Are you available to work: Full-time Part-time Temporary
 Please list the hours and days of the week you are available?

Have you ever been dismissed, discharged, fired or asked to resign from a position? Yes No
 If yes, please explain.

Education			
Type of School	School & Location	Circle Yrs Completed	Degree/Certificate
High School		9 th 10 th 11 th 12 th GED	
College or University Studies		1 2 3 4	
Graduate School		1 2 3 4	
Business or Tech. School		1 2 3 4	
Other Training			

License/Registration/Certificate

Description	State	Number	Expiration

Work History

List experience which relates to this position. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write “See Résumé” in lieu of completing the application.

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE:	

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		PHONE:
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY:		
REASON FOR LEAVING:		PHONE:
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL EXPERIENCE (volunteer, internship, etc.): _____

Notice to Applicants

Drug and Alcohol testing is a prerequisite for, and a condition of employment. In addition to background checks, Kulshan conducts pre-employment, post accident, and reasonable suspicion drug and alcohol testing.

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment. I hereby authorize this company to solicit and receive information from my past employers and other references. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against Kulshan Veterinary Hospital for such inquiries and any individual providing employment information. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.

SIGNATURE: _____ **DATE:** _____

(SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)