



**AFFILIATED  
EMERGENCY  
VETERINARY  
SERVICE**

## Application for Employment

Affiliated Emergency Veterinary Service considers applicants for all positions without regard to race, color, religion/creed, sex, national origin, ancestry, age, disability, veteran status, sexual orientation or any other legally protected classes.

### Part 1. GENERAL INFORMATION

**Please review all questions carefully before preparing your application.**

POSITION			WORK DESIRED (Full-Time / Part-Time)		
NAME			HOME TELEPHONE ( )		
MAILING ADDRESS			CELL PHONE ( )		
CITY	STATE	ZIP	ARE YOU AT LEAST 18 YEARS OLD? ____ YES ____ NO		
DATE YOU CAN START / /			WAGE DESIRED		

Are you legally eligible for employment in the United States? \_\_\_\_ YES \_\_\_\_ NO

Are you prohibited from or limited in your performance of any job duties for our company by any restrictive covenants, covenants not to compete, confidentiality agreements or any other contractual obligations? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been involuntarily discharged from any place of employment other than for a layoff due to lack of work? \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain \_\_\_\_\_

### Part 2. EDUCATION

Are you a high school graduate or have you passed a general education development (GED) test? \_\_\_\_ YES \_\_\_\_ NO

If No, HIGHEST GRADE COMPLETED: \_\_\_\_\_

List post high school training, including college, business school, military training, and other relevant education.

School Name and Location	Month and Year Attended				Major	Type of degree awarded	Year Degree Received
	MM/YY		MM/YY				
	From		To				
	From		To				
	From		To				

### Part 3. EMPLOYMENT HISTORY

Start with your present or last position, then work backward.

1.	Present or Last Employer	Employer's Address			Employer's Phone Number ( )		
Your Title		Dates In Position			Avg. Hrs. Per Wk	Salary/Wage	
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			May we contact this employer: Y / N	No. of Employees Supervised, if applicable	
Specific Duties:							

2.	Previous Employer	Employer's Address				Employer's Phone Number ( )	
Your Title		Dates In Position				Avg. Hrs. Per Wk	Salary/Wage
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			May we contact this employer: Y / N	No. of Employees Supervised, if applicable	
Specific Duties:							

3.	Previous Employer	Employer's Address				Employer's Phone Number ( )	
Your Title		Dates In Position				Avg. Hrs. Per Wk	Salary/Wage
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			May we contact this employer: Y / N	No. of Employees Supervised, if applicable	
Specific Duties:							

4.	Previous Employer	Employer's Address				Employer's Phone Number ( )	
Your Title		Dates In Position				Avg. Hrs. Per Wk	Salary/Wage
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			May we contact this employer: Y / N	No. of Employees Supervised, if applicable	
Specific Duties:							

Special Skills/Additional Information:							

#### Part 4. REFERENCES

Give the names of three people not related to you whom you have known for at least 1 year.

NAME	HOW DO YOU KNOW THIS PERSON	TELEPHONE NUMBER	YEARS ACQUAINTED
		( )	
		( )	
		( )	

#### Part 5. DATE AND SIGN

**TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I authorize AEVS to verify this information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

Fax: 952-746-5754  
 Email to [jobs@aevs.com](mailto:jobs@aevs.com)  
 Affiliated Emergency Veterinary Service  
 Attn: Human Resources  
 7721 Flying Cloud Drive  
 Eden Prairie, MN 55344



\_\_\_\_\_ Date

\_\_\_\_\_ Signature

AFFILIATED EMERGENCY VETERINARY SERVICE IS AN AT-WILL EMPLOYER. ANY EMPLOYMENT RELATIONSHIP ENTERED INTO WITH AEVS MAY BE ENDED BY THE EMPLOYEE OR AEVS WITH OR WITHOUT REASON AT ANY TIME.