

Veterinary Related Work Experience

Date: _____ A#: _____

Name _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home) _____ (work) _____ (cell) _____

Email address _____

Criteria for part-time versus full-time

- Part time (20 hours/week for a minimum of 4 months)
- Part-time (20 hours/week for a minimum of 6 months)
- Full-time (40 hours/week for a minimum of 6 months)

Which of the above do you believe you qualify? ___ Part-time ___ Full-time

Please have the lower portion completed by the Employer.

Name of Animal Hospital / Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____

Supervisor: _____ Phone Number: _____

Dates of Employment: _____ Average Hours per week: _____

Website of animal hospital (if applicable) _____

Describe your responsibilities: _____

I hereby certify that the above information is true and accurate to the best of my knowledge.

Student signature: _____ Date: _____

Include this form when your turn in the program application.

To be completed by the Employer:

Please provide employment information related to individual identified on the other side.
In what capacity was this individual employed?

Full-Time
 Part-Time

Approximate # hours per week _____

Dates(s) and duration of employment: _____

Signature _____ Title _____

Print Name _____ Date: _____

Thank you for completing this side!