



1761 North Main St. Ext.
Butler, Pa 16001
Phone: 724-283-2345/Fax: 724-283-0024

Keith Harvey, DVM
Amy Wilson, DVM
Kathy Schweikart, DVM
Kim Berry, DVM
Lauren Smith, VMD
Jennifer Lee, DVM
Nicole Osche, DVM
Amanda Della Penna, DVM
Paige Vernasco, DVM

Name: _____

Today's Date: _____

Address: _____

Home Phone: _____

Other Phone: _____

POSITION APPLYING FOR:

Technician

Receptionist

Kennel Attendant

30-40 hours per week

10-29 hours per week

Seasonal for _____

You will be required to work some evenings, weekends and holidays.

WORK HISTORY (begin with the most recent):

Job Location: _____ Dates: _____

Address & Phone: _____

Supervisor: _____

Duties: _____

Reason for leaving: _____

Job Location: _____ Dates: _____

Address & Phone: _____

Supervisor: _____

Duties: _____

Reason for leaving: _____



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Education

High School _____ Graduated: ()Yes ()No ()GED Date:

College _____ Graduated: ()Yes ()No Date:

Please give us **5 attributes** that you can consistently bring to our hospital that will make you indispensable:

Please describe your experience with animals and animal care taking:

Please review the JOB DISCRPTION-are there any aspects of the job you have questions about? That you are unsure of? That you have concerns about?

Have you evern been convicted of a felony? (If yes, pleases explain) _____



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I am giving my consent to permit Butler Veterinary Associates, Inc. and Emergency Center to conduct a background check on the information I have provide. I release previous employer, schools and any agents acting on behalf of the company or school from any and all liability relating to any investigation of the information contained in this application. _____ Initials

I understand that no promises regarding continued employment have been given to me about this job. If I am offered this position, I have the right to be terminated at will, with of without cause or notice, and I may resign at any time. _____ Initials

I certify that the information contained in this application is correct. If the company determines that any for the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged form employment in accordance with the company policy.

Applicant's signature: _____

Date: _____