



## Sycamore Veterinary Hospital

2720 Cochran St., Suite #100, Simi Valley, CA 93065  
Phone: (805) 521-9091

### EMPLOYMENT APPLICATION

#### GENERAL DATA

Last Name	First Name	Middle Name			
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify for purposes of a reference check:					
Present Address	Number	Street	City	State	Zip Code
Years at Above Address			Home Telephone Number		
Position Applying For				Date of Application	
Full Time or Part Time			Shift or Hours Preferred		
Drivers License Number (if applicable)			Expiration Date		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household?  Yes  No

#### PERSONAL DATA

Person to notify in case of an Emergency:	Name	Home Telephone Number			
Present Address	Number	Street	City	State	Zip Code
How did you learn of this job opening? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.					



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If under 18 years of age, can you after employment, submit a work permit?  N/A  Yes  No

### SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying:	
Branch of Military Service:	State Dates: From: To:
State relative skills acquired during military service:	

### PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position?  Yes  No

If "Yes," please explain: \_\_\_\_\_

### EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
<b>Name</b>			
<b>Address</b>			
<b>Number of Years</b>			
<b>Course or Major</b>			
<b>Diploma/Degree</b>			



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## WORK EXPERIENCE

<b>Last/Present Employer</b>	<b>Length of Service (Dates)</b>		<b>Duties Performed</b>
Address	<b>Start</b>	<b>Leave</b>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
<b>Employer</b>			
Address	<b>Start</b>	<b>Leave</b>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
<b>Employer</b>			
Address	<b>Start</b>	<b>Leave</b>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title			
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			



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### APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: \_\_\_\_\_  
Signature of Applicant Date

### FOR COMPANY USE ONLY

Interviewed:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed:  Yes  No Starting Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Dept: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date

(Revised 04-17-2026)