



ALL THE CARE YOUR PET NEEDS!

**PETVET Job Application Form**

**Position**

- Veterinarian
  Veterinary Nurse
  Customer Services
  Full-time  
 Part-time

**Where did you first see this position advertised?**

**Personal Information**

First Name	Family Name
Address	
Home Phone	Mobile
Email	

**Employment Status**

Are you a New Zealand Citizen or do you have Permanent Residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If the following information is on your CV you can leave questions blank**

**Education and Qualifications**

	Qualification & Institution	Date Received	On CV
Degrees			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diplomas			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Tertiary Qualifications			<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary School			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous Employment - most recent first**

		Start Date	End Date	On CV
Current/Last Employer				<input type="checkbox"/> Yes <input type="checkbox"/> No
Position				
Reason for leaving				

Previous Employer				<input type="checkbox"/> Yes <input type="checkbox"/> No
Position		Start Date		
Reason for leaving		End Date		

Use Reverse side for more work history

**Referees**

Please supply the name and contact details of two referees we can contact. One referee should be from recent employment. If this is your first job please supply two character referees.

Name of person to contact	Relationship to you	Contact details	On CV
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Personal Interests & Hobbies****Questionnaire**

Have you ever suffered sensitivity to chemicals, repetitive strain injury or any condition that may be aggravated by this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you any conditions which may affect your ability to carry out effectively and safely the functions and responsibilities of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on any medication which may affect your performance in the position that you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any offense against the law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work evenings, week-ends and Public Holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current full New Zealand Driving Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Information****Please outline skills and experience you possess which may be relevant to this position****Declaration**

I declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for this position and that if I do not provide such information this employment application may be rejected.

I consent to PETVET seeking information about me from representatives of my previous employers and or my referees.

I accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information may be grounds for dismissal.

**Signature**

**Date**

We also recommend you also attach a Covering Letter and a CV