

APPLICATION FOR EXTERNSHIP

Externships with Community Veterinary Partners provide students within the veterinary industry an opportunity to experience first-hand our tight-knit community of veterinary professionals who bring joy to families by providing the best care possible for the pets they love. During the externship program the student's hands-on learning experience and professional development is a top priority.

To apply for this program, please complete this application and submit the additional required documents. An incomplete application may affect your consideration for placement. (If necessary, attach a separate sheet for additional information.)

Required documents:

- Cover letter
- Resume
- Verification of personal health insurance coverage
- Verification of Student Professional Liability coverage (if applicable)
- Copy of general liability coverage available through College or Program (if applicable)

GENERAL INFORMATION			
Full Name: First Middle Last		Date:	
Address:			
	City:	State:	Zip:
Contact Number:			
Alternate Contact Number:		Email:	
Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you are under the age of 18. Please state your age. ____ (The primary reason for this question is to address any child labor laws.)			
How were you referred to CVP? SELECT ONE, if other please provide details:			
If you were referred by a current <u>employee</u> please provide their full name: _____ and work location: _____			
Housing Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

LOCATION AND AVAILABILITY		
Location?	Months of availability:	Dates Available:
	Duration weeks/ <u>hrs</u>	

In Case of Emergency Contacts	
Please provide up to 2 emergency contacts	
Name/ Relationship	Contact:
Name/ Relationship	Contact:

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for an externship.

Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my provided references for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named within my application to provide any information or transcripts requested.

Initials

I understand my externship with the hospital is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of externship experience or, if accepted for an externship experience, may result in termination of externship regardless of the time lapse before discovery.

Note: An offer of externship is conditioned upon complying with The Hospital's requirements including, but not limited to signing a consent to conduct a background investigation..

MY SIGNATURE [or electronic mark] INDICATES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature

Date

Please return all completed applications to Jennifer Geese at jgeese@quakertownvet.com