

WESTERN VETERINARY CLINIC

25190 State Road 2
South Bend, IN 46619

(574) 234-3098
Fax (574) 287-3835
info@westernvet.com

EXTERNSHIP/INTERNSHIP APPLICATION

First Name: _____ **Last Name:** _____ **Date:** _____

Home Phone: _____ **Work/Cellular Phone:** _____ **Emergency Phone:** _____

Email Address _____

ADDRESS (CURRENT RESIDENCE)

Street Address: _____ **Apartment #:** _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Are you a U.S. citizen? Yes No

If no, what type of federal document do you have? _____

Have you ever been convicted of a felony? Yes No

If so explain: _____

EDUCATION

Current Educational Institution: High School Undergraduate Graduate **Graduation Date:** _____

Field of Study: Veterinary Technology Business DVM Other _____

Do you hold any other degrees? Yes No If Yes, in what field(s) of study? _____

Dates of Externship/Internship: _____

Check if you need volunteer hours only and this is not for class credit.

School Name: _____

School Address: _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Instructor Name: _____ **Instructor Phone:** _____

Instructor Email: _____

How were you referred to us: _____

Tell us why you would like to have an externship/internship at Western Veterinary Clinic:

Do you have any limitation we need to know about? Time or schedule limitations, or any physical or medical limitations or conditions. This position requires lifting, close contact with animals of all species, flexible scheduling and periodic evening and weekend hours. Please be specific.

Please list three references. Include your relationship with this person, address, telephone number, and their occupation.

Name	Relationship	Address	Phone	Occupation

Applications do not constitute a contract of any kind. All externships/internships with Western Veterinary Clinic may be terminated at any time.

By signing below, I certify that all information given here is true and accurate. I am over the age of 18 and I understand that any false information may result in ineligibility to participate in an externship/internship at Western Veterinary Clinic.

Signature of Applicant

Date

Please submit this form and a resume to the following address:

**Western Veterinary Clinic
c/o Practice Manager
25190 State Road 2
South Bend, IN 46619**

Thank you for your interest in Western Veterinary Clinic!