

Golf-Mil Veterinary Hospital

8950 N. Milwaukee Ave.
Niles, IL 60714

(847) 296-3359
Fax (847) 299-6285

Externship Application

First Name: _____ Last Name: _____ Date: _____

Cellular Phone: _____ Emergency Contact/Number _____

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: _____

Name of Institution: _____

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: _____

* If selected for externship, extern must submit proof of insurance and sign a liability waiver. Please note externships are not paid, and also travel/board expenses are the responsibility of the applicant.

Please submit this application along with resume and cover letter to:
golfmilvet.vanesa@gmail.com

Thank you for your interest in Golf-Mil Veterinary Hospital!
If externship is required for class credit please complete next section:

School Name _____

City: _____ State: _____ Zip: _____

Instructor Name: _____ Instructor Phone: _____

Instructor Email: _____

How were you referred to us: _____

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, telephone number, and their occupation.

Applications do not constitute a contract of any kind. All externships may be terminated at any time due to behavior, misconduct, or failure to comply to protocols.

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 at Golf-Mil Veterinary Hospital

Signature of Applicant _____ Date _____