

ANIMAL CLINIC AND PHARMACY
105 West O Street, Ogallala, NE 69153
(308) 284-2182
www.ogallalavet.com

VETERINARY TECHNICIAN EMPLOYMENT APPLICATION

To be eligible for employment you must be a licensed technician or plan to obtain licensure

Date: _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Technician School Name: _____

Technician School Address: _____ City: _____ State: _____ Zip: _____

Year in School: _____ Advisor: _____ Advisor Phone: _____

Indicate a preferred period of time for a working clinic visit: _____

Briefly outline your background, major interests, and areas of expertise:

What questions do you have regarding the position or our practice in general?

*Thank you for your interest in our practice.
Email completed form, resume, and cover letter to nlemmelvet@gmail.com.
We will contact you as soon as possible once we have received this completed application.*