

SOUTHERN ARIZONA VETERINARY MEDICAL ASSOCIATION
3275 W. Ina Road, Suite 130 ♦ Tucson, AZ 85741
(520) 325-0311 ♦ (520) 325-7925 Fax

REFERRAL INFORMATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

POSITION DESIRED:

- | | |
|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Relief Veterinarian |
| <input type="checkbox"/> Licensed Technician | <input type="checkbox"/> Secretary/Receptionist |
| <input type="checkbox"/> Assistant/Kennel/Maintenance | <input type="checkbox"/> Other _____ |

SALARY DESIRED \$ _____ PER: _____

WHEN AVAILABLE: _____

Education/Training: _____

Do you have a geographic preference for a job? _____

Are you a member of any association? _____

Work experience: _____

Are you currently employed? _____ If so, where? _____

Can your current employer be contacted? _____ Phone: _____