



DATE: \_\_\_\_\_

# FLORENCE ANIMAL CLINIC

## JOB APPLICATION

Name: \_\_\_\_\_  
Last First Middle Social Security #

Address: \_\_\_\_\_  
Street Address  
City State Zip Code County

Phone #'s: \_\_\_\_\_  
Home Cell Other

Desired position(s): \_\_\_\_\_ Salary Expectation: \$ \_\_\_\_\_/hour

Type of Employment: FULL TIME OR PART TIME

### TIME AVAILABLE FOR EMPLOYMENT:

MONDAY:	_____ AM	UNTIL	_____ PM
TUESDAY:	_____ AM	UNTIL	_____ PM
WEDNESDAY:	_____ AM	UNTIL	_____ PM
THURSDAY:	_____ AM	UNTIL	_____ PM
FRIDAY:	_____ AM	UNTIL	_____ PM
SATURDAY:	_____ AM	UNTIL	_____ PM
SUNDAY:	_____ AM	UNTIL	_____ PM

Currently employed? YES or NO Duration of employment: \_\_\_\_\_

GIVE PERMISSION TO CALL CURRENT EMPLOYER? YES or NO

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (MOST RECENT FIRST)**

**Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Last Pay Amount:** \$ \_\_\_\_\_/hr.

**Reason for leaving:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Last Pay Amount:** \$ \_\_\_\_\_/hr.

**Reason for leaving:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Last Pay Amount:** \$ \_\_\_\_\_/hr.

**Reason for leaving:** \_\_\_\_\_

**OTHER INFORMATION**

**Are you legally eligible to work in the U.S.?      YES      or      NO**

**Are you at least 18 years of age?      YES      or      NO**

**Can you perform the essential functions for the job applied for? YES      or      NO**

**Any prior commitments that will interfere with your employment? YES      or      NO**

**If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_

**Have you ever been known by a different name?      YES      or      NO**

**If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_

**Have you ever been convicted of a crime or violation? YES      or      NO**

**If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_

**Are you on any medication that may affect your job performance? Yes      or      NO**

**If yes, please explain: \_\_\_\_\_**

\_\_\_\_\_

**REFERENCES**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Years known:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Years known:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Years known:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Years known:** \_\_\_\_\_