Full Name:

Driver’s License # and State:

Home Address:

Phone Number:

Email:

Position Applying for:

Rate of Pay Desired:

If hired, on what date would you be able to start?

FULL TIME  PART TIME

WEEKENDS

|  |  |
| --- | --- |
| EDUCATION: |  |

High School:

College:

Field of Study:

Graduated? Yes No Date:

Graduated? Yes No Date:

|  |  |
| --- | --- |
| EMPLOYMENT APPLICATION QUESTIONNAIRE: |  |

Do you have a personal vehicle? Yes No If not, do you have a reliable form of transportation to work?

Describe any special training, talents, or subjects of study which would qualify you to work at Downtown Animal Hospital:

Would you have any difficulty lifting a 35-pound dog into a cage 4 feet off the floor? Yes No If yes, please explain:

Would you be able to pass a drug test if one were given? Yes No If no, please explain:

List any allergies or health concerns:

If you could be any kind of animal, what kind would you be? Why?

Have you ever been arrested and / or have a criminal background? Yes No If yes, explain:

Do you expect to be out of town on any specific holidays? Yes No

EMPLOYMENT HISTORY: Begin with most recent

Employer:

Address:

Duties:

Reason for leaving:

From: to:

Salary:

Part-time  Full-time  Seasonal

Employer:

Address:

Duties:

Reason for leaving:

From: to:

Salary:

Part-time  Full-time  Seasonal

Employer:

Address:

Duties:

Reason for leaving:

From: to:

Salary:

Part-time  Full-time  Seasonal

REFERENCES:

FULL NAME OCCUPATION RELATION TO YOU PHONE NUMBER

2.

3.

CERTIFICATION STATEMENT:

This application does not constitute a written employment agreement.

I certify the information contained in this application is correct. If Downtown Animal Hospital determines that any of the information submitted in this application is false, and the applicant is subsequently hired, the applicant may discharge immediately in accordance with company policy.

In the event that the applicant agrees to accept a position with Downtown Animal Hospital, the applicant understands the employment compensation can be terminated, with or without cause, and with or without notice, at any time.

I hereby grant permission to Downtown Animal Hospital to investigate the information contained in this application. I release Downtown Animal Hospital and any agents or other persons acting on behalf of the company from any and all liability relating to any investigation of the information contained in this application.

Signature of Applicant Date