



Animal Medical Clinic



Employment Application

Personal Information:

Date: _____

Social Security # _____

Email _____

Name: _____

Present Address: _____

City _____ State _____ Zipcode _____

Home Phone # _____ Cell phone # _____

Position(s) Applied For: _____

Rate of Pay Expected: _____ Can you work? Full time Part Time Either

What days and hours are you available? _____

Were you previously employed by this clinic? _____

If yes, When? _____ Previously applied here and when? _____

What date are you available to start working? _____

Do you have any experience or skills that would make you especially qualified for work here? _____

If yes, please list: _____

If applying for positions with minimum age requirements, you may be required to show proof of age.

Date of Birth (optional) _____

Do you have a valid driver's license? _____ What class of license do you hold? _____

Has your license been revoked or suspended in the past 3 years? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Work History

Begin with your most recent employment

Name of Company _____

Type of business _____

Location _____ Phone# _____

Your job title _____ Immediate Supervisor _____

Description of duties: _____

Dates employed: From _____ To _____

What rate of pay did you earn when you were hired? _____

Pay rate when you left? _____ Reason for leaving: _____

Name of Company _____

Type of business _____

Location _____ Phone# _____

Your job title _____ Immediate Supervisor _____

Description of duties: _____

Dates employed: From _____ To _____

What rate of pay did you earn when you were hired? _____

Pay rate when you left? _____ Reason for leaving: _____

Personal References:

Name: Phone #: Relationship: Time Known:

1.) _____

2.) _____

3.) _____