

MANDARIN LANDING ANIMAL HOSPITAL

Employment Application

Please PRINT Clearly

DATE _____

APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

HAVE YOU APPLIED HERE BEFORE? () Yes () No

APPLYING FOR: () Full time () Part-time () Full or Part-time

POSITION WANTED: () Kennel () Reception () Manager
() Veterinary Technician () Other (specify) _____

DESIRED SALARY _____ DATE AVAILABLE TO START _____

MAXIMUM HOURS YOU CAN WORK WEEKLY _____

MINIMUM HOURS YOU WANT TO WORK WEEKLY _____

DAYS/HOURS AVAILABLE TO WORK:

No Pref () Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

ARE YOU CURRENTLY EMPLOYED? () YES () NO

IF EMPLOYED MAY WE CONTACT YOUR PRESENT EMPLOYER? () YES () NO

EDUCATIONAL BACKGROUND

High School _____ Graduated: () Yes () No () GED
College _____ Graduated: () Yes () No Yrs. Completed _____ Degree _____
Trade or Bus. _____ Graduated: () Yes () No Yrs. Completed _____ Degree _____

WORK HISTORY (Begin with most recent)

Employer: _____ From ____/____/____ To ____/____/____
Supervisor: _____ Salary _____
Address: _____ Hrs/Wk _____
Duties: _____ Phone: _____
Reason For Leaving: _____

Employer: _____ From ____/____/____ To ____/____/____
Supervisor: _____ Salary _____
Address: _____ Hrs/Wk _____
Duties: _____ Phone: _____
Reason For Leaving: _____

Employer: _____ From ____/____/____ To ____/____/____
Supervisor: _____ Salary _____
Address: _____ Hrs/Wk _____
Duties: _____ Phone: _____
Reason For Leaving: _____

Employer: _____ From ____/____/____ To ____/____/____
Supervisor: _____ Salary _____
Address: _____ Hrs/Wk _____
Duties: _____ Phone: _____
Reason For Leaving: _____

EMPLOYMENT APPLICATION QUESTIONNAIRE

HAVE YOU EVER WORKED FOR A VETERINARIAN BEFORE? () YES () NO

DO YOU ENJOY MEETING THE PUBLIC? () YES () NO

DO YOU HAVE A DRIVER'S LICENSE? () YES () NO
STATE ISSUED _____ DRIVER'S LICENSE NUMBER _____

DO YOU HAVE YOUR OWN PERSONAL VEHICLE? () YES () NO

HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER? () YES () NO

If so, give: Employer _____
Address _____
Reason for Discharge _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? () YES () NO

If yes, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

HAVE YOU EVER BEEN IN THE ARMED FORCES? () YES () NO

IF MARRIED, IS YOUR SPOUSE CURRENTLY IN THE ARMED FORCES? () YES () NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? () YES () NO

DO YOU OWN ANY PETS?

Please List: 1. _____
2. _____
3. _____
4. _____
5. _____

WOULD YOU HAVE ANY DIFFICULTY LIFTING A 35-POUND DOG INTO A KENNEL FOUR FEET OFF THE FLOOR? () YES () NO

WHAT SALARY & FRINGE BENEFITS WOULD YOU EXPECT AFTER 1 YEAR EMPLOYMENT?

DO YOU EXPECT TO BE OUT OF TOWN ON ANY SPECIFIC HOLIDAYS? () YES () NO

ARE YOU WILLING TO DO YOUR SHARE OF WEEKEND PET CARE? () YES () NO

REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

Full Name	Home or Business Address	Phone Number	Occupation
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- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

