## EMPLOYMENT APPLICATION Westridge Pet Hospital and Wellness Center

AME: SOCIAL SECURITY NUMBER: DDDRESS: WORK PHONE: WORK PHONE: WORK PHONE: WORK PHONE: WORK PHONE: SPIL-time. Temporary Flesible Hours/On Call Part time Part	DATE	
MORE PHONE:    WORK PHONE:   WORK PHONE:		
APPLYING FOR: Full time	HOME PHONE:	WORK PHONE:
ReceptionistAnimal Caretaker /Kennel Technician	APPLYING FOR:Full timeFull-time, Temporary	Flexible Hours/On Call
Graduated: ( ) Yes ( ) No ( ) GED	POSITION WANTED:ReceptionistAnimal Caretaker /Kennel T	Cechnician      Other (specify)
Typing wmp Shorthand wpm Other  WORK HISTORY FOR LAST 4 YEARS: (Begin with most recent)  Imployer: From / To / Address: Duties: Salary Reason For Leaving: From / To / Address: Duties: Salary Reason For Leaving: Hrs/Wk  Employer: From / To / Address: Salary Reason For Leaving: From / To / Reason For Leaving: Hrs/Wk  Employer: From / To / Address: Salary Reason For Leaving: From / To / Reason For Leaving: Salary Reason For Leaving: Hrs/Wk  Employer: From / To / Address: Salary Reason For Leaving: Salary Reason For Leaving: Phrs/Wk  REFERENCES: Full Name Home or Business Address Phone Number Occupation		
Employer:	QUALIFICATIONS/SKILLS: Clerical: Typing wmp Shorthand wpm	Other
Duties: Salary Reason For Leaving: From / To / Address: Duties: Salary Reason For Leaving: From / To / Reason For Leaving: From / To / Address: Duties: Salary Reason For Leaving: From / To / Address: Salary Reason For Leaving: Hrs/Wk Reason For Leaving: Salary Reason For Leaving: Hrs/Wk REFERENCES: Full Name Home or Business Address Phone Number Occupation	Employer:	From/To/_
Reason For Leaving:	Duties:	Salary
Address: Duties: Reason For Leaving: Hrs/Wk  Comployer: Hrs/Wk  Complo	Reason For Leaving:	Hrs/Wk
Duties:		
Reason For Leaving: Hrs/Wk  Employer: From / To / Address: Duties: Salary Reason For Leaving: Hrs/Wk  List others, if necessary, on the back.  REFERENCES: Full Name Home or Business Address Phone Number Occupation	Address:	Salary
Address:  Duties:  Reason For Leaving:  Hrs/Wk  List others, if necessary, on the back.  REFERENCES: Full Name Home or Business Address Phone Number Occupation	Reason For Leaving:	Hrs/Wk_
Outies:		
Reason For Leaving:Hrs/Wk		
REFERENCES: Full Name Home or Business Address Phone Number Occupation		
·	List others, if necessary, on the back.	
•		usiness Address Phone Number Occupation
	1	
•	2	
	3	

HAVE VO	LI EVED WODKED EOD A VETEDINADIAN DEFODE?	( ) VEC ( ) NO
HAVE YO	U EVER WORKED FOR A VETERINARIAN BEFORE?	( ) YES ( ) NO
OO YOU E	CNJOY MEETING THE PUBLIC?	( ) YES ( ) NO
OO YOU F	USE DRUGS? ( ) YES ( ) NO HAVE YOUR OWN PERSONAL VEHICLE? ( ) YES ( )NO U EVER BEEN DISCHARGED BY AN EMPLOYER? Employer Address Reason for Discharge If necessary, list others on back.	
OO YOU (	OWN ANY PETS?	
Please List:	1	
	YOU HAVE ANY DIFFICULTY LIFTING A 35-POUND DOG INTO TTHE FLOOR ON A DAILY BASIS?	O A CAGE FOUR  ( ) YES ( ) NO
	U EVER MISSED WORK FOR MORE THAT 2 DAYS AT A PREV OR NOT EXCUSED? EXPLAIN.	IOUS EMPLOYER, EITHER
DO YOU E	EXPECT TO BE OUT OF TOWN ON ANY SPECIFIC HOLIDAYS?	( ) YES ( ) NO
ARE YOU	WILLING TO DO WEEKEND PET CARE?	( ) YES ( ) NO
WHY SHO	OULD YOU BE SELECTED FOR THE NEXT AVAILABLE OPEN I	POSITION?
DO YOU F	IAVE ANY PRIOR CONVICTIONS OF A FELONY OR MISDEME	ENOR?
	ON STATEMENT: TION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.	_
MPLOYMEN' AND COMPEN	T THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE AP IT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYER IS AN AT-WILL RELATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOT COMPANY OR THE EMPLOYEE.	TIONSHIP AND THAT THE EMPLOYMEN
NFORMATION	AT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPAN SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICE.	D FROM CONSIDERATION FOR
COMPANY AN	ANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED ID ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM AN OF THE INFORMATION CONTAINED IN THIS APPLICATION.	
Signature of	Applicant Date	