Application For Employment

Pace Veterinary Clinic]	Position Applied ForReceptionistKennel TechTechnician		
4541 Chumuckla Hwy.	Re			
Pace, FL 32571				
Personal Information:	Today'	s Date:		
Have you applied here before?	If so wh	nen?		
Last Name:	First:	MI:		
Street Address:				
City:	State:	Zip:		
Home Phone #	Cell Pho	ne #		
Date you can start work?		Rate of pay desired:		
ALL DAY	ysYes			
Are you applying for full-time or pa	rt-time employme	ent?		
Are there any reasons that may keep	you from workir	ng your scheduled shifts?		
Are you able to perform the various	job duties listed i	in our job descriptions such as lifting		
heavy items and/or standing for long	g periods of time?	?		

Please list any experience you have for the position of which you are applying.				
Have you ever been convi	icted of a felony? If so, please explain:			
		_		
Education:				
High School:	City:	State:		
College:	Year Graduated:			
City:	State:			
Employment History	7:			
Do we have permission to	contact previous or current employers? Yes	No		
	Employer:			
Address:	Phone #			
Employed From:	To:			
Reason for Leaving:				
Your Position:	Supervisor:			
Rate of Pay:	•			

Employer:			
	Phone:		
Employed From:	To :		
Reason for Leaving:			
Your Position:	Supervisor		
Rate of Pay:			
Personal References:			
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
Name:	Name:		
Address:	Address:		
Phone:	Phone:		
Phone:	Phone:		

IMPORTANT

Please read the following carefully before you sign this application.

I certify that the information on this application is correct. If there is a misrepresentation or an omission of information, I understand I will be disqualified for employment. I understand that this application is not a contract, offer, or promise of employment.

If Pace Veterinary Clinic hires me I can resign at any time, for any reason. Pace Veterinary Clinic can terminate my employment at any time or for any reason, unless otherwise required by law.

I understand that this application will be kept on file for sixty (60) days only. If I want to be considered for employment after sixty (60) days, I must submit another application.

I authorize this clinic to check my background information and references completely.

Signature:	
Date:	