

Employment Application

Application information:		
Name:		
Address: Call Phone:		
Home Phone: Cell Phone: E-mail:		
Applying For: ☐ Full Time ☐ Full Time, Temporary ☐ Flexion ☐ Part Time ☐ Part Time, Temporary ☐ Wee		all
Position Wanted: □ Veterinary Technician □ Veterinary Assista □ Client Relations Assistant □ Kennel Assista		
Educational Background:		
High School: Gra	iduated? 🔲 Yes	s 🗖 No 🗖 GED
College: Graduated?	es 🗖 No Degree:	
Work History: (begin with most recent.)		
Employer:	_ From:	To:
Address:		
Job Description:	_ Salary:	
Reason for Leaving:	_ Hours/Week:	
Employer:	_ From:	То:
Address:		
Job Description:	_ Salary:	
Reason for Leaving:	_ Hours/Week:	
Employer:	_ From:	То:
Address:		
Job Description:	_ Salary:	
Reason for Leaving:	_ Hours/Week:	
Employer:	_ From:	То:
Address:		
Job Description:	_ Salary:	
Reason for Leaving:	_ Hours/Week:	
References: Full Name Home/Business Address Phone Number 1):	Occupation	
2):		
3):		



application.

Employment Application Questionnaire

Have you ever worked for a veterinarian before? \square Yes \square No
Do you enjoy meeting the public? \square Yes \square No
Do you use drugs?
Have you ever been discharged by an employer?
Do you own any pets? (please list) 1): 2): 3):
Would you have any difficulty lifting a 35 pound dog into a cage four feet off the floor? \Box Yes \Box No
What salary & benefits would you expect one year after employment?
Why do you want to work at Braelinn Animal Hospital?
Do you expect to be out of town for any specific holidays?
Certification Statement: This application does not constitute a written employment agreement.
In the event that the applicant agrees to accept a position with Braelinn Animal Hospital, the applicant agrees that the employment relationship with Braelinn Animal Hospital is an At-Will relationship and that the employment and compensation can be terminated, with or without notice, at any time, at the option of either Braelinn Animal Hospital or the Employee.
I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with Braelinn Animal Hospital policy.
I hereby grant permission to Braelinn Animal Hospital to investigate the information contacined in this application and release the company and any agents or other persons acting on behalf of Braelinn Animal Hospital from any and all liability relating to any investigation of the information contained in this

Signature of applicant

Date