Waxhaw Animal Hospital Employment Application

Date of Application: ____ / ____ / ____ Email: _____

Name: _____ SSN: _____

Address: _____

Phone: _____ Alternate Phone: _____ Best time to call: _____

If you are under 19 years of age, please give your birthdate: ____ / ____ / ____

Are you a U.S. citizen or do you have permission and proper documentation to work legally in the U.S.? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____ If yes, please explain: _____
_____

Have you ever been discharged from a company? _____ If yes, give the name of the company and reason for discharge:
_____

Have you applied for a position or been an employee before with us? _____ If yes, please list date(s): _____

Desired Position: _____ Number of Hours / Week Available _____

Available Start Date: _____ Desired Salary: _____ Full-Time or Part Time? _____

Will your availability change / How? _____

Are you able to work…? (Circle all that apply):

Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	Sat AM	Sun AM
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	Sat PM	Sun PM

Are there any times/dates that you will not be available to work in the near future? (Please specify):
_____

How were you referred to Waxhaw Animal Hospital? _____

What attracts you to or interests you about our hospital? _____

What are two main qualities that you would contribute if employed? _____

Waxhaw Animal Hospital has a management affiliation with Reigning Cats & Dogs – would you like to be considered for a position there as well? _____ Is there any type of work that you would not want to do? _____

Educational Background:

Educational Level	Name & Location of School	Degree Earned / Area of Study	Years Enrolled
High School			
College			
Graduate School			
Other			

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Employment History - Please indicate if you are attaching a resume with some of this information.

Dates	Employer Name	Location	Phone #	Position	Supervisor	Salary

Other experience/skills/certifications: _____

_____

_____

References – Please write no more than one personal reference and at least 2 professional, 1 of which should be from your most recent employer:

Name	Relationship	Employer Name	Home Phone #	Work Phone #

Application Agreement:

I understand that, with my authorization below, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I certify that the information I have provided is true and accurate. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I will be required to abide by all rules and regulations of Waxhaw Animal Hospital, PC. I understand that receipt of this application by Waxhaw Animal Hospital does not imply employment and that this application is not a contract of employment.

Applicant Name: _____ Signature: _____ Date: _____