

**ANIMAL HOSPITAL OF CLINTON-PERRYVILLE
EMPLOYMENT APPLICATION**

NAME _____ DATE _____

ADDRESS _____

PHONE DAY _____ EVENING _____

BEST TIME TO CALL _____

EMPLOYMENT: Please list current and past employment. Give dates, duties and job description, supervisor's name and phone number. Use reverse side if needed.

1) DATES _____ DUTIES _____

BUSINESS NAME: _____ SUPERVISOR _____

PHONE NUMBER: _____ OKAY TO CALL? _____

REASON FOR LEAVING _____

2) DATES _____ DUTIES _____

BUSINESS NAME: _____ SUPERVISOR _____

PHONE NUMBER: _____ OKAY TO CALL? _____

REASON FOR LEAVING _____

3) DATES _____ DUTIES _____

BUSINESS NAME: _____ SUPERVISOR _____

PHONE NUMBER: _____ OKAY TO CALL? _____

REASON FOR LEAVING _____

ARE YOU INTERESTED IN FULL OR PART TIME? _____

WHAT HOURS SPECIFICALLY ARE YOU AVAILABLE? _____

ANY HOURS NOT AVAILABLE? _____

DO YOU HAVE ANY SALARY REQUIREMENTS OR MINIMUMS? _____

WHERE DO YOU THINK YOUR SKILLS WILL BE BEST USED?

RECEPTIONIST/FRONT DESK? ASSISTING THE DOCTOR IN ROOMS/SURGERY?

DO YOU HAVE SKILLS OR HAVE YOU RECEIVED TRAINING OTHER THAN THROUGH
EMPLOYMENT, I.E. VOLUNTEER WORK? _____

DO YOU HAVE ANY SPECIFIC QUESTIONS ABOUT THE JOB? _____

REFERENCES (INCLUDE PHONE NUMBERS) _____

COMMENTS OR ADDITIONAL INFORMATION: