

Lakota Hills Animal Clinic Application for Employment

Name: _____

Telephone: _____

Address: _____

City, State, ZIP: _____

Hours of availability: _____

Expected hourly salary: _____

Part time

Full time

Summer

Weekends

RVT

Assistant

Front desk

Other

Work History

Employer: _____

Supervisor: _____

Dates: ___/___ to ___/___

Address: _____

Telephone: _____

Position: _____

Duties: _____

Reason for leaving: _____

Salary: _____

Employer: _____

Supervisor: _____

Dates: ___/___ to ___/___

Address: _____

Telephone: _____

Position: _____

Duties: _____

Reason for leaving: _____

Salary: _____

Employer: _____

Supervisor: _____

Dates: ___/___ to ___/___

Address: _____

Telephone: _____

Position: _____

Duties: _____

Reason for leaving: _____

Salary: _____

Have you ever been discharged by an employer? Yes No

If so, please explain: _____

Educational Background

High School: _____

Graduated: Yes No GED

College: _____

Graduated: Yes No Current

Major: _____ Minor: _____

Degree: _____

Business or trade school: _____

Graduated: Yes No Current

Course of study: _____

Degree: _____

Why do you wish to work in a veterinary clinic: _____

Why should you be chosen for the position which you have applied for: _____

What salary and fringe benefits would you expect after one year of employment: _____

Would you have problems lifting a 35 pound animal into a cage 4 feet off the floor? () Yes () No

Are you willing to share in weekend and holiday pet care? () Yes () No

Do you expect to be out of town on any specific holidays? () Yes () No

Do you have any specific dates that you need off in the next 12 months? () Yes () No

Do you have any pets? Please describe: _____

Lakota Hills Animal Clinic is a non-discriminating employer in regards to age, race, color, religion, gender, and national origin.

This application does not constitute a written employment agreement. In the event that the applicant agrees to accept a position with Lakota Hills Animal Clinic, the applicant agrees that the employment relationship is an at-will relationship and that the employment and compensation can be terminated with or without cause and with or without notice at any time.

I certify that the information contained in this application is correct and if it is determined that any of this information is false, I shall be immediately disqualified from consideration from employment and/or discharged from employment.

I hereby grant permission to Lakota Hills Animal Clinic and any agents acting on their behalf to investigate the information contained in this application and release them from any and all liability relating to any investigation of the information contained in this application.

I hereby grant permission to Lakota Hills Animal Clinic to perform a background check and drug test prior to and during any time of my employment and understand that my pending, current, and future employment may be contingent upon the results.

Signature of applicant

Date

***Please attach a minimum of two letters of recommendation from previous employers to be considered for employment. Employment applications will not be processed without them.**