

**Quail Corners Animal Hospital & 24 Hour Emergency Care
Hidden Valley Animal Hospital & Boarding Care**

Application for Employment

Personal Information

Social Security #

Name (First, Middle, Last)

Address (Street number, name, apt #)

City, State, Zip

Daytime Phone

Evening Phone

- Position applying for Receptionist
 Veterinary Assistant
 Kennel Technician
 Registered Technician (degree required)

- When are you able to begin employment? _____

- Desired Employment: Full Time Part Time Externship

Education

School Attended	Name & Location	Dates Attended	Course Study	Degree/ Certificate
High School				
Community/Technical College				
College/University				

Please list internships, specific course, workshops, training and/or rotations you may have had that relate to the position that you are applying.

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Employment History

May we contact your present employer? YES NO

Employer (present or most recent)	Address	Phone

Job Title/Position	Starting Salary	Ending Salary	Dates of Employment

Full time <input type="checkbox"/> Part time <input type="checkbox"/> If Part time—how many hours per week: _____	Job Duties: (Be Specific)
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Supervisors Name/Title

Employer (present or most recent)	Address	Phone

Job Title/Position	Starting Salary	Ending Salary	Dates of Employment

Full time <input type="checkbox"/> Part time <input type="checkbox"/> If Part time—how many hours per week: _____	Job Duties: (Be Specific)
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Supervisors Name/Title

Employer (present or most recent)	Address	Phone

Job Title/Position	Starting Salary	Ending Salary	Dates of Employment

Full time <input type="checkbox"/> Part time <input type="checkbox"/> If Part time—how many hours per week: _____	Job Duties: (Be Specific)
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Supervisors Name/Title

If additional space is needed please use separate sheet

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References

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying—such as coworkers, teachers, etc. Do not repeat the names of supervisors previously listed.

- _____ Phone _____
- _____ Phone _____
- _____ Phone _____

I certify that, to the best of my knowledge and belief, the statements given truly represent my background & experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown to provide Quail Corners Animal Hospital and/or Hidden Valley Animal Hospital any information requested.

Applicant Signature

Date