

AGGIE ANIMAL CLINIC APPLICATION FOR EMPLOYMENT

Please fill this form out completely. Your application for employment will be judged, in part, by how thoroughly you fill out the forms.

Name: _____
Last,
first,
middle

Social security number: _____

Home phone #: _____ Cell phone #: _____

Mailing address: _____

Position Applied For: _____

Will you accept minimum wage? _____

If not, state minimum requirement. _____

EDUCATION

	Name	From (mo./yr.)	To (mo./yr.)	Major/minor	Degree earned
High School					
Trade School					
College					
College/post graduate					

Are you willing to work part time? Yes
No

Are you willing to work weekends? Yes
No

Are you willing to work evenings? Yes
No

Are you willing to work holidays? Yes
No

Are you at least 16 years of age? Yes
No

Employment History

You must list your complete employment history for a minimum of the last 3 years.
Relevant experience gained more than 3 years ago should also be included.

Please list present employer first

Employer Name/ Position held	Dates employed		Salary	Number of Hours worked	Phone #	Contact Person
	To	From				

May we contact any of these previous employer's? Yes
No

List any professional or technical licenses, registrations, certificates:

I certify that the information contained in this application and any supplement thereto is correct and complete to the best of my knowledge and belief. I understand that any false statement or omission of material fact may be sufficient cause for rejection or termination of employment.

To the extent permitted by all federal and state laws, I authorize investigation of all statements I have made on this application and an investigation of my background, and I agree that Aggie Animal Clinic, Inc. and my previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to the falsity of the statements and answers in this application form or to information obtained through such investigation.

SIGNATURE: _____

Today's Date: _____

SCHEDULE AVAILABILITY

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	