

# Premier Pet Hospital Job Application

## **PERSONAL**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Do you prefer? Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ If part time, days & hours: \_\_\_\_\_

Are you able to work overtime: \_\_\_\_\_ Date available for work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_

Have you been convicted of a felony in the past 5 years: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you every been suspended or discharged for cause: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

## **MEDICAL HISTORY**

How much work time have you lost through illness in the past 2 years: \_\_\_\_\_

What was the reason: \_\_\_\_\_

Do you have a physical impairment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## **EDUCATION**

High School: \_\_\_\_\_ Years completed: \_\_\_\_\_ Field of study: \_\_\_\_\_

College/University: \_\_\_\_\_ Years completed: \_\_\_\_\_ Field of study: \_\_\_\_\_

Business/Technical: \_\_\_\_\_ Years completed: \_\_\_\_\_ Field of study: \_\_\_\_\_

**MILITARY SERVICE** Yes \_\_\_\_\_ No \_\_\_\_\_ Duty/Specialized Training: \_\_\_\_\_

**EMPLOYMENT** List last employment first, include temporary jobs. Be sure that all your experience or employers related to this job are listed here, or on an resume.

**Employer #1** Name and Address: \_\_\_\_\_

Position Title/Duties Skills: \_\_\_\_\_

Dates Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer #2** Name and Address: \_\_\_\_\_

Position Title/Duties Skills: \_\_\_\_\_

Dates Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer #3** Name and Address: \_\_\_\_\_

Position Title/Duties Skills: \_\_\_\_\_

Dates Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Supervisors name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Signed: \_\_\_\_\_