



Southwind Animal Hospital Employment Application

Position Applying for _____ Date _____

Name

Last

First

Middle

Maiden

Present Address _____

Number

Street

City

State

Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____ (_____) _____

Have you been convicted of a felony? ___ Yes ___ No

If yes, details _____

Are you a member of any animal rights organizations? ___ Yes ___ No

If so, list _____

Do you smoke cigarettes? ___ Yes ___ No

How many hours can you work weekly? _____ Can you work nights? _____

Can you work weekends? _____

Days/hours available to work

No Pref. _____ Thurs. _____

Mon. _____ Fri. _____

Tues. _____ Sat. _____

Weds. _____ Sun. _____

Employment desired FULL-TIME ONLY PART-TIME ONLY EITHER

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DEGREE
High School				
College				
Technical or Trade School				

<u>WORK EXPERIENCE</u> Please complete <u>ALL</u> sections for each position.			
(List starting with most recent first.)			
NAME OF EMPLOYER	Supervisor Name	From	To
Address	Phone #	Pay or Salary	
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
REASON FOR LEAVING:			

NAME OF EMPLOYER	Supervisor Name	From	To
Address	Phone #	Pay or Salary	
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
REASON FOR LEAVING:			

NAME OF EMPLOYER	Supervisor Name	From	To
Address	Phone #	Pay or Salary	
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
REASON FOR LEAVING:			

May we contact the above employers? Yes _____ No _____

Applicant's Signature _____ Date _____

On the back of this page, please explain why you want to work for Southwind Animal Hospital.

Revised 9/09/2008