

Catawba Animal Clinic
2241 India Hook Rd. Rock Hill, SC 29732

JOB APPLICATION

Our goal at Catawba Animal Clinic is to provide a facility with services that will enhance the life of every pet that enters our office, providing this service with a high level of professionalism and courtesy to the pet owners.

Position Desired: _____ Minimum Salary Desired: _____

Who referred you to Catawba Animal Clinic? _____

Have you ever applied/interviewed here before? _____

Name: _____

Address: _____ Home Address: (if different) _____

Phone Number: Land Line: _____ Cell: _____ Other: _____

Email address: _____

Education: (circle one)

High School: attended -- presently attending: _____

College: attended -- presently attending: _____

Degree _____

Please write a brief paragraph telling about yourself and any personal interests.

Hours that you are available to work: _____ Are you available for weekend work? _____

This position requires holiday work, would this be a problem? _____

Is transportation a problem? _____

This position requires punctuality and a high rate of attendance. Are you aware of any reason that would cause you to violate these requirements? Yes No If yes, please explain:

Do you know anyone that has ever worked for Catawba Animal Clinic? _____ If yes, their name(s) and relationship to you _____

Are you currently employed? _____ Do you authorize us to contact your present employer for a reference prior to Catawba Animal Clinic employment? Yes No

Authorized Signature _____

Work Experience: Please start with your present job:

1. Employer: _____ Dates employed: From _____ to _____
Address: _____ Phone: _____
_____ Job Title: _____
Supervisor: _____ Duties Performed: _____

Reason for Leaving: _____

Final Salary: _____

2. Employer: _____ Dates employed: From _____ to _____
Address: _____ Phone: _____
_____ Job Title: _____
Supervisor: _____ Duties Performed: _____

Reason for Leaving: _____

Final Salary: _____

3. Employer: _____ Dates employed: From _____ to _____
Address: _____ Phone: _____
_____ Job Title: _____
Supervisor: _____ Duties Performed: _____

Reason for Leaving: _____

Final Salary: _____

What experience(s) qualify you for this job? _____

Upon telephoning or visiting a business for the first time, how long does it take a person to form a first impression? _____

Describe your first impression of our hospital. _____

Personal references:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Years known: _____ Years known: _____ Years known: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant: _____ Date: _____