

Office: 402-463-9805 Text: 531-233-1497

Email: hastings.animalclinic@gmail.com Web: www.animal-clinic.org

Today's Date: _____ Position Applying for: _____ PERSONAL INFORMATION Name: ______ Social Security No.: _____ Address: _____ City: _____ State: ____ Zip: ____ Phone: ______ DOB:_____ **EDUCATION** High School: Did you graduate/expected year? Current year in school: College: _____ Did you graduate/expected year? ____ Current year in school: Other: Did you graduate/expected year? **CURRENT/PREVIOUS EMPLOYMENT** Company: City/State: Owner/Supervisor: Phone: Job Title: From: To: Are you still employed here? Yes No Reason for leaving: ______ Anything we should know about your current or previous employment? Company: _____ City/State: _____ Owner/Supervisor: ______ Phone: ______ Phone: _____ Job Title: ______ To: _____ To: _____ Are you still employed here? Yes No Reason for leaving: Anything we should know about your current or previous employment?

REFERENCES please list 3 profession	onal references	
Name:		_ Relationship:
Phone:	Company:	
Name:		_ Relationship:
Name:		_ Relationship:
FOR HIGH SCHOOL & COLLEGE S	TUDENT APPLICAN	<u>TS</u>
Do you play sports? Yes No	If yes, what sports?	?
Are you involved in extracurricular ac	tivities such as band, o	drama, choir, etc.? Yes No
If yes, what activities?		
If you are involved in sports or activiti	es, do you plan on wo	orking during said activities? Yes No
AVAILABILITY TO WORK (FOR KE	NNEL POSITIONS ONLY	()
What days/shifts are you available to	work? Please circle a	II that apply
Weekdays (7am - 2:30pm): Mon Tu	ues Wed Thurs	Fri
Weekdays (2:30pm - 8pm): Mon	Tues Wed Thu	ırs Fri
Weekdays (4pm - 8pm): Mon Tu	ies Wed Thurs	Fri
Weekends (7am - 12pm) (3pm - 8pm):	Sat AM PM	Sun AM PM
OTHER INFORMATION		
Date you can start? Desired Salary:		
Have you worked here before? Yes	No If yes, v	when?
How did you hear about us?		·
What is your experience with handling	/care of animals?	
You are aware this job is WEEKENDS &		
Applicant Signature:		Date: