

# Brushy Creek Veterinary Clinic Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

Position Desired: \_\_\_\_\_  
Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interested in:  
Part-time  Full-time  Summer only  Long-term  Short-term

Hours Available:  
Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Hours Unavailable:  
Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Minimum Hours Needed: \_\_\_\_\_ per week Maximum Hours You Can Work: \_\_\_\_\_ per week

Salary Expectations: \_\_\_\_\_ per hour Minimum Salary Required: \_\_\_\_\_ per hour

Transportation issues? Yes  No  If yes, what issues? \_\_\_\_\_

Previous Employment/Volunteering: (Most Current Position First)

1) Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

2) Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

3) Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

**Education:** (Include year graduated or current grade attending)

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**Personal References:** (Do not include family members)

1) \_\_\_\_\_

Phone Number: \_\_\_\_\_

2) \_\_\_\_\_

Phone Number: \_\_\_\_\_

3) \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Why do you want to work here?**

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I certify that, to the best of my knowledge, the above information is true and correct. I also understand that any falsification of information can lead to my immediate discharge from employment if I am hired. I consider myself to be honest and I have good work ethics. If hired, I promise to be on time, fulfill my duties to the best of my ability and work with a good attitude. I therefore feel that I would be a good candidate for employment with your clinic.

\_\_\_\_\_ Signature of Applicant