



Foothills Animal Clinic

126 Cherry Mountain Street
Forest City, NC 28043
(828) 248-2168

1 of 3

EMPLOYMENT APPLICATION

Applicant Information			
Last Name:	First:	M.I.:	Date:
Street Address:			Apt#:
City:	State:	Zip:	
Home Phone:	Cell Phone:	Date Available:	
Date of Birth:	Social Sec#:	Wage Desired:	
Email Address:			
Position Applied For:			
Employment Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time or part-time <input type="checkbox"/>			
Days/Hours Available to Work: Mon Tu Wed Th Fri Sat Sun			
Are you a US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, explain:			
Education			
High School:			
Address:			
From:	To:	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>
College:			
Address:			
From:	To:	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:			
Professional School:			
Address:			
From:	To:	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:			
Other:			
Address:			
From:	To:	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:			

Work Experience		
Company:		Phone:
Address:		
Supervisor:		Title:
Responsibilities:		
From:	To:	Reason for leaving:
Rate of pay or salary - Start:		Finish:
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company:		Phone:
Address:		
Supervisor:		Title:
Responsibilities:		
From:	To:	Reason for leaving:
Rate of pay or salary - Start:		Finish:
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company:		Phone:
Address:		
Supervisor:		Title:
Responsibilities:		
From:	To:	Reason for leaving:
Rate of pay or salary - Start:		Finish:
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
References		
Name:	Phone:	Relationship:
Address:		
Name:	Phone:	Relationship:
Address:		
Name:	Phone:	Relationship:
Address:		
Military Service		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Skills		
List any skills or experience you may have in working with animals:		
List any skills or experience you may have in working with the public:		
General Information		
Do you have your own transportation?		
Do you have a problem with working on weekends?		
Can you put in some hours on Saturday and Sunday?		
Why do you want to work here?		
In Case of Emergency, Notify		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Certification and Signature		
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.		
Foothills Animal Clinic is an equal opportunity employer and a drug free work place.		
Signature:		Date: