



Lesslie Animal Hospital  
770 Riverview Rd.  
Rock Hill, SC 29730  
(803)324-8890

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## EMPLOYMENT DESIRED

IF YOU ARE APPLYING FOR A JOB WITH MINIMUM AGE REQUIEMENT, YOU MAY BE REQUIRED TO  
SUMBIT PROOF OF AGE

POSTION DESIRED:  KENNEL CLERK  RECEPTIONIST  VETERINARIAN TECH

DESIRED PAY: \$\_\_\_\_/HOUR  FULL TIME  PART TIME IF PART TIME DESIRED HOURS \_\_\_\_

AVAILABLE DATE TO BEGIN WORK: \_\_\_\_\_

HAVE YOU EVER WORKED FOR LESSLIE ANIMAL HOSPITAL?  YES  NO IF SO WHEN? \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?  YES  NO

IF YOU ARE A UNITED STATES CITIZEN PROOF WILL NEED TO BE PROVIDED UPON HIRE

HAVE YOU EVER BEEN CONVITED OF A FELONY?  YES  NO

A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM THE POSITION

IF YES PLEASE STATE WHEN? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

NAME OF SCHOOL: \_\_\_\_\_

DEGREE: \_\_\_\_\_ GRADE AVERAGE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ OTHER: \_\_\_\_\_



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ARE YOU APART OF ANY ORGANIZATIONS?  YES  NO

NAME OR DESCRIPTION OF ORGANIZATIONS	ACTIVE PARTIPATION	OFFICE HELD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ARE THERE ANY ADDITION SKILLS OR QUAILFICATIONS THAT YOU FEEL WE SHOULD KNOW THAT WILL HELP YOU HERE AT WORK? PLEASE ADD ANY ADDITIONAL COMMENTS YOU THINK ARE IMPORTANT FOR US TO CONSIDER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

NAME OF COMPANY : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

EMPLOYED TO: \_\_\_\_\_ FROM: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY \_\_\_\_\_

REASON FOR LEAVING OR TERMINATION: \_\_\_\_\_

DAILY DUTIES: \_\_\_\_\_  
\_\_\_\_\_

NAME OF COMPANY : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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REASON FOR LEAVING OR TERMINATION: \_\_\_\_\_

DAILY DUTIES: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## AFFIDAVIT

I certify that the answers given by me to the following questions and statements are true and correct, without consequential omissions of any kind whatsoever. I agree that Lesslie Animal Hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire of employment. I authorize the companies, schools or person named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of Dr. Eric Setzer and that my employment may be terminated at will at any time and with or without cause Dr. Eric Setzer's only obligation being to pay salary or wages due at the time of termination. Finally, I understand that all Lesslie Animal Hospital property must be returned and my indebtedness to Lesslie Animal Hospital must be paid before my termination. I authorize the Lesslie Animal Hospital to deduct from the final paycheck(s) all debt or owing to Lesslie Animal Hospital.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_