

**Animal Medical Center of Garner, PC**  
 905 Heather Park Drive  
 Garner, NC 27529  
 (919) 779-8887

**Employment Application**

Please take the time to answer all questions completely. Thank You.

**Personal Information**

Name (Last name, first, middle initial)		Date of Birth	
Address (Street, Apt. #, City, State, Zip)			
Phone Number	Cell Phone Number	E-Mail Address	
Are you 18 years or older? Yes ___ No ___	Are you afraid of any animals? No ___ Yes, Specify _____	Do you have any pets? Yes ___ No ___	Do you have any allergies? No ___ Yes, Specify _____

**Desired Employment Information**

Position	Available Start Date	Salary Desired	Are you seeking Part-Time _____ or Full-Time Employment? _____
Please specify the days and hours you are available to work			
Mon _____	Tues _____	Wed _____	Thurs _____ Fri _____ Sat _____ Sun _____ Holiday Kennel _____

**Education History**

High School Graduate or GED? Yes ___ No ___	If you are currently a student, where are you attending school? _____	P/T _____
If so, from where? _____		F/T _____

**College, Trade or Business School Information**

Name & Location of School	Did you Graduate? Yes ___ No ___	Subject(s) of study and or degree(s)
Name & Location of School	Did you Graduate? Yes ___ No ___	Subject(s) of study and or degree(s)

**Skills and Experience**

Please list any skills that you have that you feel would be an asset to Animal Medical Center of Garner.
Please list any work experience other than what is listed under education or employment history that you feel would be an asset to Animal Medical Center of Garner.

**Employment History** (list current or most recent first)

Employer	Address	Supervisor	Phone	May we contact this employer? Yes__ No__
Employed From:  to	Job Title:	Primary Job Responsibilities/Duties:		
Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason(s) for Leaving:		

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Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason(s) for Leaving:		

**Professional References**

Name	Occupation & Relationship	Daytime Phone (include area code)
Name	Occupation & Relationship	Daytime Phone (include area code)
Name	Occupation & Relationship	Daytime Phone (include area code)

Signature \_\_\_\_\_

Date \_\_\_\_\_