

# APPLICATION FOR EMPLOYMENT AT

Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email or in person.

An Equal Opportunity Employer

Blair Animal Clinic / Klondike Kennels  
 3662 N 250 W  
 West Lafayette, IN 47906  
 765-463-2611  
 info@blairanimalclinic.com  
 www.blairanimalclinic.com

Date:

Referred by:

Last Name	First Name	Middle Initial	Email	
-----------	------------	----------------	-------	--

Street Address	City/State	Zip Code	Phone Number	Cell
----------------	------------	----------	--------------	------

If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Position Desired:	Wage/Salary Desired:	Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/>
-------------------	----------------------	---

Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit work permit as required by state or federal law.
--------------------------	---	---

Name of high school attended:	City/State	Graduate? <input type="checkbox"/>	GED? <input type="checkbox"/>
Name of college or technical school:	City/State	Degree? <input type="checkbox"/>	Major:

Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
---	---

List any job-related skills or accomplishments, including military service:

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	<b>All applicants must be available to work weekends and holidays.</b> Are you available during those times? <input type="checkbox"/> Yes or <input type="checkbox"/> No Explain:
---	--

## - REFERENCES -

- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

## - YOUR EMPLOYMENT HISTORY -

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?  Yes  No

Name of Employer:		Job Title:	Dates of Employment: From:                      To:	
Address:		City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:	Ending pay:

Name of Employer:		Job Title:	Dates of Employment: From:                      To:	
Address:		City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:	Ending pay:

Name of Employer:		Job Title:	Dates of Employment: From:                      To:	
Address:		City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:	Ending pay: