

Animal Welfare Society of Kerr County, Texas
Freeman-Fritts Animal Clinic & Shelter
Employment Application
(PLEASE PRINT)

Date: _____ Position Applied For: _____ Available Start Date: _____

Days/hours available to work: _____ Requested Starting Wage: _____

Contact Information

Full Legal Name: _____

Last

First

Middle

Social Security #: _____ Drivers License #: _____

Present Address: _____

Street

City

State

Zip

Phone #: _____ Cell #: _____ Email _____

Personal Information

Have you ever been convicted of any crime? Yes ___ No ___ If yes, Please explain _____

Do you have any physical conditions that may require accommodations in order to perform the required tasks of the job? Yes ___ No ___ If yes, please explain _____

Do you have any reason that you would not be able to work scheduled hours? _____
If yes, please explain _____

Do you have any prior experience working with dogs or cats? _____

Have you ever been injured on the job? Yes ___ No ___ If yes, please explain _____

Do you have any previous experience/training/skills with animals or with veterinarian health care? _____

Did you complete High School? Yes ___ No ___ School _____
If not, did you receive your GED? Yes ___ No ___

Are you familiar with computers, data entry, or word processing? Yes ___ No ___

Are you licensed to practice a specific trade or profession? Yes ___ No ___
If so, what? _____

Post High School Education

<u>Name/Location</u>	<u>Hrs. Degree</u>	<u>Major</u>	<u>Minor</u>	<u>Grad. Date</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Work Experience

Employer _____
Address _____ Phone _____
Type of Business _____ Job Title _____
Starting Salary/Wage _____ Ending Salary/Wage _____
Immediate Supervisor _____ His/Her Title _____
Start Date _____ Ending Date _____
Reason for leaving: _____

May we contact this employer? Yes ____ No ____

Employer _____
Address _____ Phone _____
Type of Business _____ Job Title _____
Starting Salary/Wage _____ Ending Salary/Wage _____
Immediate Supervisor _____ His/Her Title _____
Start Date _____ Ending Date _____
Reason for leaving: _____

May we contact this employer? Yes ____ No ____

If there are more, please attach additional sheets to the back of this application.

References

List three (3) persons **not related to you** who know of your qualifications.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I attest that all statements on this application are true.

Applicant Signature _____ Date: _____