



1710 NC Hwy 105
Boone, NC 28607
P: 828-268-2833
F: 828-268-2818



1614 NC Hwy 105
Boone, NC 28607
P: 828-268-1159 & 828-268-1419
F: 828-266-7222



Date: _____

Name: _____

Address: _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____

Position Desired: _____ Minimum Salary: _____

How did you hear about us? _____ Have you ever applied here before? _____

Availability – please write times available in the blanks provided:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Employment Eligibility

Are you a U.S. citizen? Yes / No If not, do you have legal right to work in the U.S.? Yes / No

Are you 16 years of age or older? Yes / No If not, please specify age: _____

Do you speak or read any languages fluently besides English? Yes / No

If yes, which languages do you speak? _____

Have you ever been convicted of a felony crime? Yes / No

Are there any criminal charges pending against you? Yes / No

I understand that if I am considered for employment, hospital policy requires that I submit to a background check as part of the pre-employment screening process.

Applicant Signature: _____ Date: _____

We are a Drug-Free Workplace. I understand that if I am considered for employment I would be required to submit samples for drug and alcohol testing prior to my employment.

Applicant Signature: _____ Date: _____

Education

High School

Name of school: _____

City & State: _____ Years Completed: _____ Date Left: _____ Degree/Major: _____

College/University

Name of school: _____

City & State: _____ Years Completed: _____ Date Left: _____ Degree/Major: _____

Graduate School

Name of school: _____

City & State: _____ Years Completed: _____ Date Left: _____ Degree/Major: _____

Trade School

Name of school: _____

City & State: _____ Years Completed: _____ Date Left: _____ Degree/Major: _____



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Employment History

- 1. Employer Name: _____
 Employer Address: _____
 Position: _____ Job Duties: _____
 Reason for Leaving: _____
 Wage/Salary: _____
- 2. Employer Name: _____
 Employer Address: _____
 Position: _____ Job Duties: _____
 Reason for Leaving: _____
 Wage/Salary: _____
- 3. Employer Name: _____
 Employer Address: _____
 Position: _____ Job Duties: _____
 Reason for Leaving: _____
 Wage/Salary: _____

Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record? If yes, please explain: _____

Do you authorize us to contact your previous and present employers for reference prior to employment with this business? Yes / No

Applicant Signature: _____ Date: _____

Is there anything else you would like us to know about you?

Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results and satisfactory work references by Animal Emergency Clinic of the High Country, PLLC. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of employment. I hereby authorize my past and present employers to furnish Animal Emergency Clinic of the High Country, PLLC with their records of my employment.

Applicant Signature: _____ Date: _____

Do Not Write Below This Line

Called for interview: _____ Interview Scheduled: _____ Arrived: _____
Interviewed By: _____ Date: _____ FT / PT Hours: _____
Scheduling Restraints: _____
Remarks: _____

