



Responsible pet ownership through reliable veterinary care

Employment Application

PERSONAL INFORMATION					
Last Name:		First Name:		Middle Initial:	
Current Address:				City:	State: Zip Code:
Mailing Address (if different):				City:	State: Zip Code:
Primary Phone No.:		Secondary Phone No.:		Email:	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Duty/Specialized Training:			
EMPLOYMENT DESIRED					
Position Applying For:				Date Available:	
Desired Pay:		<input type="checkbox"/> Per Hour <input type="checkbox"/> Salary		Referred By:	
Desired Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
I will be available to report to work _____ days after being notified that I am hired.					
Are you able to perform the essential functions of the position with or without accommodations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT HISTORY (MOST RECENT FIRST)					
Employer:		Position:		Reason for Leaving:	
Start Date:	End Date:	<input type="checkbox"/> Currently Employed Here			Pay Rate:
Company Address:		City:	State:	Zip Code:	
Supervisor's Name:		Supervisor's Position:		Contact Information (Phone or Email):	
Employer:		Position:		Reason for Leaving:	
Start Date:	End Date:	<input type="checkbox"/> Currently Employed Here			Pay Rate:
Company Address:		City:	State:	Zip Code:	
Supervisor's Name:		Supervisor's Position:		Contact Information (Phone or Email):	

Community Critter Care, LLC
 3409 Catlett Road, Suite 6
 Catlett, Virginia 20119
 540-788-6052 (Office)
 276-644-5412 (Fax)
 E-mail: info@communitycrittercare.com
 Website: www.communitycrittercare.com



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EDUCATION HISTORY			
High School:	City:	State:	<input type="checkbox"/> Graduated
Trade School:	City:	State:	<input type="checkbox"/> Graduated
College:	City:	State:	<input type="checkbox"/> Graduated
Graduate School:	City:	State:	<input type="checkbox"/> Graduated
PERSONAL REFERENCES			
Name:	Company and Position:	Contact Information (Phone or Email):	
Name:	Company and Position:	Contact Information (Phone or Email):	
Name:	Company and Position:	Contact Information (Phone or Email):	

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. I also understand that my being hired is subject to a background check.

 Signature

 Date