



**Camelot Court Animal Clinic**  
**Application for Employment**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education Information**

High School: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_

Graduation Date (if applicable): \_\_\_\_\_

College: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_

Graduation Date (if applicable): \_\_\_\_\_

**Employment Information**

Desired Position: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Present Employer: \_\_\_\_\_

May we contact them? \_\_\_ YES \_\_\_ NO

**Reason for leaving present position:**

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**Describe your best working experience:**

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**Describe your worst working experience (past or present):**

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**What made this the worst experience?**

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**If you could have, how would you have made it a better experience?**

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**What qualities do you possess that would make you an asset to our clinic?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe your weakest personality traits (if any):**

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**In 50 words or less, describe why you are applying for this job:**

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**Extracurricular Activities (that may impact your schedule):**

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**Are you available to work on weekends?** \_\_\_ YES \_\_\_NO

**Are you available to work on holidays?** \_\_\_ YES \_\_\_NO

**Please List Employment History (most recent first, please):**

**1. Name and Address of Employer:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**2. Name and Address of Employer:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**3. Name and Address of Employer:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

## Professional References

1. Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

**Please complete this application and mail it to the clinic or email it to:**

**A: Camelot Court Animal Clinic, Applications, 4320 W. 119th St., Leawood, KS 66209**

**E: [contact@camelotcourtac.com](mailto:contact@camelotcourtac.com)**

