

ROCKY RIDGE ANIMAL CLINIC
2488 Rocky Ridge Road
Birmingham, AL 35243
205-823-3898

EMPLOYMENT APPLICATION

Today's date: _____

Name: _____
First Middle Last

Address: _____
City State Zip

How long have you been at this address: _____ Previous address: _____

Home phone: _____ Cell phone: _____

Email: _____

Driver's license #: _____ State: _____ Expiration: _____

Marital status: _____ Dependents: _____

Do you have a high school diploma? _____ What school _____

Any College? _____ What School? _____

Have you ever been bonded _____ If yes, where _____

Have you ever been convicted of a felony? _____ If so, please explain _____

Do you have any limitations picking up dogs over 30 lbs? _____

Would you consent to a background check and drug testing? _____

Turn Page Over

Employment History

Employer	Start Date	End Date	Position/Title	Supervisor	Phone #

Please List 3 Personal References

Reference	Relationship	Phone #

What position(s) are you applying to? _____

Availability

Desired number of hours (weekly): _____

Please indicate which days/times you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							