



Mariposa

VETERINARY WELLNESS CENTER

13900 Santa Fe Trail Dr, Lenexa, KS 66215

(913) 825-3330 • MariposaVet.com

Fax: (913) 825-3331

Application for Employment

Position you are applying for: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Phone Other: _____

Social Security Number: _____

Are you at least 18? Yes ___ No ___ (if no, please show work permit)

Do you have the legal right to work in the U.S.? Yes ___ No ___

Do you consent to a drug test before or during employment? Yes ___ No ___

Have you previously worked with animals? In what capacity?

Please list your office skills (i.e. typing, computer, bookkeeping, etc.):

Please list your clinical skills (i.e. blood collection, microscope, etc.):

Do you have experience in the position that you are applying for? Yes ___ No ___

I can work: Part time ___ Full Time ___

Overtime ___

No. of days per week ___ No. of hours per week ___

Select the days of the week the you will **not** be able to work:

Mon ___ Tues ___ Wed. ___ Thurs ___ Fri ___ Sat ___ Sun ___

Date available to start: _____

Ideal starting salary _____ (per hour)

Continued on back

Education

School Name: _____
No. of Years Attended: _____
Date of Graduation: _____ Course Major: _____
High School: _____
College: _____ Graduate: _____
Training/Special: _____
Courses: _____
Other: _____
Certificates or Licenses: _____
Type License #: _____ Date Earned: _____
State Issued: _____ Current Through: _____

Employment / Work Experience

List present or most recent position first:

Name of Employer: _____ Phone# _____
Address: _____
Employed (Month and Year): _____
Position(s) held: _____
Supervisors Name and Title: _____
Rate of Pay: Start _____ Finish _____
May we contact this employer? Yes _____ No _____
Give specific reason for leaving: _____

Name of Employer: _____ Phone# _____
Address: _____
Employed (Month and Year): _____
Position(s) held: _____
Supervisors Name and Title: _____
Rate of Pay: Start _____ Finish _____
May we contact this employer? Yes _____ No _____
Give specific reason for leaving: _____

Name of Employer: _____ Phone# _____
Address: _____
Employed (Month and Year): _____
Position(s) held: _____
Supervisors Name and Title: _____
Rate of Pay: Start _____ Finish _____
May we contact this employer? Yes _____ No _____
Give specific reason for leaving: _____

References

Name and Occupation Address Phone Number

1. _____
2. _____
3. _____

Applicant's Signature _____ Date _____