

**Chappell Animal Hospital**  
 940 E. Chappell Rd. Rock Hill, SC 29730  
 Chappellvet@comporium.net

**PERSONAL INFORMATION**

**Please Print**

(Hosp. use) File test \_\_\_\_\_ Dt \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City St. Zip How Long?

Date of birth \_\_\_\_\_ 4.Tel # \_\_\_\_\_  
 If you are under 18, please list age \_\_\_\_\_

Do you have a driver's License? Yes  No  DL#: \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  If yes, please explain the number of conviction(s), the nature of offense(s) leading to convictions(s), how recently such offense(s) were committed, sentence(s) imposed, and the type(s) of rehabilitation. \_\_\_\_\_

TYPE OF SCHOOL	SCHOOL	SCHOOL ADDR.	#YR COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				

**QUALIFICATION QUESTIONNAIRE**

Position Desired \_\_\_\_\_ Salary desired \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

(Be specific)

Days/Hours available to work No Pref \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_ When available for work? \_\_\_\_\_

Can you work nights, holidays? Yes  No  Employment desired \_\_\_ F/T \_\_\_ P/T \_\_\_ F/T or P/T

Who referred you to Chappell Animal Hospital and Equine Services? \_\_\_\_\_

**WORK EXPERIENCE**

Name of employer \_\_\_\_\_ Name of supv. \_\_\_\_\_ Last job title \_\_\_\_\_

Address \_\_\_\_\_ Tel # \_\_\_\_\_

Emp. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Start \_\_\_\_\_ Reason for leaving \_\_\_\_\_

List duties, skills, promotions \_\_\_\_\_

Name of employer \_\_\_\_\_ Name of supv. \_\_\_\_\_ Last job title \_\_\_\_\_

Address \_\_\_\_\_ Tel # \_\_\_\_\_

Emp. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Start \_\_\_\_\_ Reason for leaving \_\_\_\_\_

List duties, skills, promotions \_\_\_\_\_

Name of employer \_\_\_\_\_ Name of supv. \_\_\_\_\_ Last job title \_\_\_\_\_

Address \_\_\_\_\_ Tel # \_\_\_\_\_

Emp. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Start \_\_\_\_\_ Reason for leaving \_\_\_\_\_

List duties, skills, promotions \_\_\_\_\_

Please list two references other than relatives or previous employers.	Please list two references other than relatives or previous employers.
Name _____	Name _____
Position _____	Position _____
Phone number _____	Phone number _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

**ADDITIONAL INFORMATION**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please summarize any information necessary to describe your full qualifications for the specific position for you are applying for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

**I understand there is a 90-day probation period of employment and I may be terminated at any time during this 90-day period.** Yes  No

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized company representative.”

Date: \_\_\_\_\_ Signature: \_\_\_\_\_