

Application for Employment

Killarney Cat Hospital Ltd. Tel:403-246-1115 Fax: 403-246-1470

Thank you for your interest in working for Killarney Cat Hospital Ltd. Please complete the following questionnaire. You will be contacted if there is merit for an interview.

Date: _____

Name: _____

Address: _____

Phone: _____ Other phone where you might be contacted _____

E-mail: _____

PERSONAL DATA

Position Applied For: _____ [] Full Time [] Part Time [] Temporary

Date when you would be available to begin if the application is successful: _____

Hours available to work: Mondays: _____ Tuesdays: _____ Wednesdays: _____

Thursdays: _____ Fridays: _____ Saturdays: _____ Sundays: _____

Are you eligible to work in Canada? Yes _____ No _____

Have you ever been convicted under the Criminal Code? Yes _____ No _____

If you are under 18, indicate date of birth: _____

Have you ever been employed by Killarney Cat Hospital? Yes _____ No _____

EDUCATION AND TRAINING

1. High school grade achieved: _____

2. Post-Secondary diplomas and/or degrees achieved: _____

3. University _____

4. Post-graduate or other _____

5. Certificates, if any, achieved: _____

6. Computer knowledge:

a. Word Processing: I am [] proficient [] comfortable [] unfamiliar

Application: _____

b. Spreadsheets: I am [] proficient [] comfortable [] unfamiliar

Application: _____

c. Practice Software: I am [] proficient [] comfortable [] unfamiliar

Name of Practice Software: _____

d. Data processing: I am -[] proficient [] comfortable [] unfamiliar

Application: _____

e. Internet use: I am - proficient comfortable unfamiliar

Application: _____

WORK EXPERIENCE

1. Have you ever worked for a veterinary practice? Yes No

If Yes, please list practice(s): _____

2. Have you worked with animals in any other area? Yes No

If Yes, please list this experience: _____

3. Do you have any retail, sales or service experience? Yes No

If Yes, please list this experience: _____

EMPLOYERS

4. Most recent employer: _____

Address: _____

Phone: _____ Contact Person: _____

May we call? Yes No

Your position: _____ Salary or hourly rate achieved: _____

Responsibilities: _____

Your immediate supervisor: _____ Employed from _____ to _____ (years)

Reason(s) for leaving: _____

5. Employer prior to (4) if any _____

Address: _____

Phone: _____ Contact Person: _____

May we call? Yes No

Your position: _____ Salary or hourly rate achieved: _____

Responsibilities: _____

Your immediate supervisor: _____ Employed from _____ to _____ (years)

Reason(s) for leaving: _____

6. Employer prior to (5) if any: _____

Address: _____

Phone: _____ Contact Person: _____

May we call? Yes No

Your position: _____ Salary or hourly rate achieved: _____

Responsibilities: _____

Your immediate supervisor: _____ Employed from _____ to _____ (years)

Reason(s) for leaving: _____

OTHER PREVIOUS EMPLOYERS

Name	Address	Position	Dates of Employment

QUALIFICATIONS, COMPETENCIES, SKILLS AND ACHIEVEMENTS

Additional information related to this position that you would like to bring to our attention:

SPECIFIC SKILLS OR EXPERTISE

1. Please check any of the following that apply to experience or expertise that you have attained:

Cat grooming

Typing: _____ words per minute

Telephone skills

Book-keeping

Other: _____

2. What do you feel is your greatest strength?

3. What are your personal goals?

4. Please describe your work ethic:

5. Please list extra-curricular and volunteer activities you enjoy:

6. Which is your preference: Team sports Individual sports

REFERENCES (other than family)

1. _____ Occupation: _____ Phone: _____
Connection with you: _____
2. _____ Occupation: _____ Phone: _____
Connection with you: _____
3. _____ Occupation: _____ Phone: _____
Connection with you: _____

I understand the Killarney Cat Hospital may at any time verify the information on this form and I give my consent to this. I declare the statements in this application form are true and complete. I agree and understand that false or misleading statements may disqualify me from employment or result in dismissal.

This information is collected under the authority of the Freedom of Information and Protection Act for the purposes of evaluating your application of employment. If you have questions about the collection or use of this information, contact the HR department of Killarney Cat Hospital.

Date of submission: _____
Signature of applicant

FOR OFFICE USE ONLY

Date of interview _____
Month Day Year

Additional Information
