



*Key City
Veterinary Clinic*

318 E. S. 11th * Abilene, TX 79602
325-672-7801

RECEPTIONIST APPLICATION

Date: ___/___/___

Full Name: _____

Current Address: _____

Phone Numbers: _____

Driver's License #: _____ Social Security #: _____

Availability: Full-Time Part-Time We are open on weekdays between 7:30 AM and 5:30 PM & on Saturdays from 8:00 AM to 12 PM. There may also be kennel shifts on Saturdays, Sundays and Holidays.

If part-time, what days & hours are you available: _____

How many weekends per month are you available to work? **None or 1 or 2 or 3 or 4**

Will you be available to work holidays? **Y or N** Will you be available to work during the summer? **Y or N**

Do you have any experience working in a veterinary hospital or medical/dental facility? **Y or N**

Do you have experience in client services? **Y or N** How long? _____

Notes: _____

What experience do you have handling client service on the phone? _____

Do you have experience in accounts receivable? **Y or N**

Notes: _____

How much computer experience do you have? _____

Other skills or things we should know about? _____

What most interests you about this job? _____

Why should we hire you over anyone else that applies for this job? _____

Please list all the pets you own (include names, species & age): _____

Can you lift up to 40 lbs by yourself? **Y or N**

Are you willing to have a criminal background check & credit check history? **Y or N**

Have you ever been convicted of a felony, or are you presently formally charged with committing any criminal offence? **Y or N** If yes, please explain: _____

Have you ever been terminated from a job because of stealing or other criminal conduct? **Y or N**

Would you pass a drug test? **Y or N**

Do you smoke? **Y or N**

(fill out the other side)

EDUCATION:	Name & Location:	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degree(s) Received
High School		1 2 3 4	Yes / No	
College		1 2 3 4	Yes / No	
Trade, Business or Correspondence School		1 2 3 4	Yes / No	

WORK HISTORY: List your last four employers, starting with the last one first.					
Starting Date: Month & Year	Ending Date: Month & Year	Name & Address of Employer	Salary or Hourly Pay Upon Leaving	Position	Reason for Leaving

REFERENCES: List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	RELATIONSHIP	YEARS ACQUAINTED

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete.
- I understand that if I am hired, I must prove that I am legally authorized to work in the United States.
- I understand that if I am hired, I agree to submit to a medical examination and/or drug test at any time deemed appropriate by Key City Veterinary Clinic, Inc.
- I authorize Key City Veterinary Clinic, Inc. to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize Key City Veterinary Clinic, Inc. to run a credit history check and a criminal background check as a condition of employment.
- I release Key City Veterinary Clinic, Inc. and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

Signature: _____ **Date:** _____