

**Harbor Animal Hospital  
288 Market Street  
Warren, RI 02885  
401-245-9090**

**Employment Application**

**Position:** Reception/Kennel/Veterinary Technician

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you at least 18 years of age?** YES/NO

**Have you applied at Harbor before?** YES/NO

**Do you know anyone currently employed here?** YES/NO

**Availability:**

**Monday** \_\_\_\_\_

**Tuesday** \_\_\_\_\_

**Wednesday** \_\_\_\_\_

**Thursday** \_\_\_\_\_

**Friday** \_\_\_\_\_

**Saturday** \_\_\_\_\_

**Sunday** \_\_\_\_\_

**When are you available to start?** \_\_\_\_\_

**Do you have reliable transportation?** \_\_\_\_\_

**Degree/Certifications:** \_\_\_\_\_

**Employment History (Skip this section if submitting resume)**

**Name of Employer** \_\_\_\_\_  
**Job Title** \_\_\_\_\_  
**Dates of Employment** \_\_\_\_\_  
**Pay Rate** \_\_\_\_\_  
**Reason For Leaving** \_\_\_\_\_  
**Supervisor** \_\_\_\_\_  
**Telephone** \_\_\_\_\_

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**Telephone** \_\_\_\_\_

**References:**                      **Name** \_\_\_\_\_  
   **Relationship** \_\_\_\_\_  
   **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Phone** \_\_\_\_\_

**I verify that the information provided is accurate and complete. I am aware that any false statement or failure to disclose requested information, in the event that I am employed, may result in my immediate dismissal.**

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

