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## Application for Employment

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Are you currently employed? If so, may we contact your current employer and previous employers for reference? \_\_\_\_ YES \_\_\_\_ NO

If you answered no, please explain \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Did you graduate?  YES  NO

College: \_\_\_\_\_ Major: \_\_\_\_\_ Graduate?  YES  NO

Other Education: \_\_\_\_\_ Graduate?  YES  NO

List and special training or certifications: \_\_\_\_\_

Activities: (Civic, Athletic, Etc.): \_\_\_\_\_

## Skills

*Have you had experience in the following areas?*

Typing Skill Level: \_\_\_\_\_ Telephone Skill Level: \_\_\_\_\_

Veterinary Software: \_\_\_\_\_ Medical Charting Skill: \_\_\_\_\_

Animal handling Skill: \_\_\_\_\_ Animal health Skill: \_\_\_\_\_

## Employment History

1.) Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Compensation: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comment(s): \_\_\_\_\_

2.) Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Compensation: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comment(s): \_\_\_\_\_

3.) Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Compensation: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comment(s): \_\_\_\_\_

## References

1.) Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Comment(s): \_\_\_\_\_

2.) Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Comment(s): \_\_\_\_\_

## Additional Information

1.) What responsibilities of your last job have prepared you for the position for which you are applying?

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2.) What interests you about Torrey Highlands Pet Health Care Center?

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3.) What are you passionate about?

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4.) What is your idea of excellent customer and patient service?

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5.) How do you feel about working as part of a team?

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I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*THPHCC is an Equal Opportunity Employer. THPHCC does not discriminate on the basis of race, color, religion, national origin, sex, physical or mental disability, or age or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, competence, merit, and business need.*