22833 Bothell-Everett Highway #159

Bothell, WA 98021 Phone: 425-489-1484 Fax: 425-483-3009

Email: catcliniccanyonpark@gmail.com



Employment Application

The Cat Clinic at Canyon Park is an Equal Opportunity Employer

Basic Information								
Name:						Date:		
Street Addres	SS:							
City:	State:					Zip Code:		
Telephone: Alternate:								
Availability								
Date Available for Employment:						you)YES ○NO	employed	
Hours Desire	d: OLESS tł	nan 20 hours,	/week OMC	RE than 20 ho	ours/wee	k		
End time of shifts will vary based on patient load								
	Sunday	Monday	Tuesday	Wednesday	Thursda	ay Friday	Saturday	
AM								
PM								
	•			lidays. Can yo		mit to this? \bigcirc Y	ES ONO	
•	•	he essential f	functions of a	ı job? ○YES	\bigcirc NO			
If "NO," please explain:								
Da h			OVEC ON					
Do you have reliable transportation? OYES ONO								
Have you ever been convicted of a felony? OYES ONO								
(Please note that convictions will not necessarily disqualify an applicant for employment) If "YES," please explain:								
1) 1 Lo, pieuse expiuiii								
Education	Name of School and City, State				Highest Year Completed or Degree Obtained			

High School 9 10 11 12 College Other

2017

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Employment Experience: Please list your last 3 jobs starting with the most current

Employer #1:		Salary:	
Position:		Employment Dates:	
Address:		Telephone Number:	
Duties:			
Reason(s) for Le	eaving:		
May we contact	this employer? OYES ONO		
Employer #2:		Salary:	
Position:		Employment Dates:	
Address:		Telephone Number:	
Duties:			
Reason(s) for Le	eaving:		
May we contact	this employer? OYES ONO		
Employer #3:		Salary:	
Position:		Employment Dates:	
Address:		Telephone Number:	
Duties:			
Reason(s) for Le	eaving:		
May we contact			

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Special Skills, Qualifications, and Considerations: Please summarize special skills and qualifications such as volunteer activities, experiences, employment, or other activities that you feel you can contribute to the position.								
	D - C							
Placea list 3 non-relative	References:	fications work	history and abilities					
Please list 3 non-relatives who are familiar with your qualifications, work history, and abilities. (By providing these references, you are giving us permission to contact them)								
Name	Occupation/Relationship	Years Known						
Please Answer the Fo	llowing Questions as Honestly	v and as Detai	led as Possible					
Do you currently have a cat		did as Detai	icu us i ossibici					
Describe and experience you have working with cats:								
Do you have a fear of handl	ing an angry/frightened cat? OVFS	ONO						
Do you have a fear of handling an angry/frightened cat? OYES ONO Are you easily disturbed by loud noises or strong odors? OYES ONO								
If "YES," please explain								
Do you profess to your close on with a north or?								
Do you prefer to work alone or with a partner?								
Are you able to multitask? OYES ONO								
Are there any questions you have regarding the job?								