



MILILANI TOWN CENTER PET CLINIC

95-1099 AINAMAKUA DRIVE UNIT 2, MILILANI, HI 96789

PHONE: (808) 625-6744

THIS DOCUMENT IS VALID FOR 90 DAYS AFTER THE DATE SIGNED

EMPLOYMENT APPLICATION

Name: _____ Email: _____
Phone: _____ Alt. Ph: _____
Address: _____ City: _____ Zip Code: _____

Have you applied for a position at Mililani Town Center Pet Clinic previously? ☐ YES ☐ NO
Are you currently employed? ☐ YES ☐ NO
What Position are you applying for?: ☐ Receptionist ☐ Technician ☐ Full Time ☐ Part Time
What date would you be able to start? _____ Desired Pay?: \$ _____/hr

EXPERIENCE / SKILLS

Please Check all that apply:

- ☐ Communication ☐ Appointment Scheduling ☐ Data Entry ☐ Cash/Card Payments
☐ Organization ☐ Customer Service ☐ Pet Medications ☐ Veterinary Terminology
☐ Detail Oriented ☐ Work well under Pressure ☐ Screen Calls ☐ Calm in Sensitive Situations

List Additional Work Experience / Skills:

Education

Name of school you attended:	Did you complete/graduate?	Dates:
Elementary School:		
Middle School:		
High School:		
College:		
College:		



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Employment History

(Begin with most recent employer):

Dates employed (Start - End date)	Employer Name & Address or Location	Brief Job description	Reason For Leaving

(PLEASE ATTACH A COPY OR EMAIL US YOUR RESUME)

May we contact the following:

Present employer? ☐ Yes ☐ No

Ph#: _____

Former employers? ☐ Yes ☐ No

Company Name: _____

Ph#: _____

Company Name: _____

Ph#: _____

What information would you like to add?

The information above is true and accurate to the best of my knowledge. I understand that if I am offered a job with your company, accept it, and later it is determined that my answers to any of the above questions are not truthful I may be dismissed from employment.

Applicant Signature

Date