

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION:**

Please answer all questions below

Date of Application: \_\_\_\_\_

Applicants Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Other # we can reach you at during the daytime: \_\_\_\_\_

Position you are applying for (underline one):

Receptionist    RVT    Technician    Veterinary Assistant/ Kennel    Management

Do you want fulltime or part-time employment?:    PT    FT

How many hours can you work?: \_\_\_\_\_ Can you work weekends?:    Yes    No

If employed, do you have to give two weeks notice?    Yes    No

Date Able to Start: \_\_\_\_\_ Hourly Wage or Salary Expected: \_\_\_\_\_

How did you find our hospital (underline one):    Ad in Paper    Walk-in    Referral    Relative

Have you graduated from High School?:    Yes    No    G.E.D.    What year: \_\_\_\_\_

What school did you attend: \_\_\_\_\_

Have you attended college?:    Yes    No    How many months or years?: \_\_\_\_\_

Are you returning to school?:    Yes    No    If yes, when will you attend?: \_\_\_\_\_

What studies will you be taking?: \_\_\_\_\_

Have you ever been convicted of a felony?:    Yes    No    If yes, when and for what?:  
\_\_\_\_\_

Do you have a valid Texas Drivers License?:    Yes    No    Drivers License #: \_\_\_\_\_

Do you currently have any physical disabilities that would make you unable to perform duties such as

lifting, carrying, or janitorial type duties?:    Yes    No

If yes, what type of disability?:  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

List your three most recent positions from most recent back.

Dates of Employment: From _____ To _____	
Company Name: _____	
Address: _____	
Position with company: _____	Job Description: _____
Supervisors Name: _____	Phone: _____
Reason for leaving: _____	
May we contact this employer: YES NO	

Dates of Employment: From _____ To _____	
Company Name: _____	
Address: _____	
Position with company: _____	Job Description: _____
Supervisors Name: _____	Phone: _____
Reason for leaving: _____	
May we contact this employer?: Yes No	

Dates of Employment: From _____ To _____	
Company Name: _____	
Address: _____	
Position with company: _____	Job Description: _____
Supervisors Name: _____	Phone: _____
Reason for leaving: _____	
May we contact this employer: YES NO	

### PERSONAL REFERENCES:

Please list three personal references below. We will contact some or all of these individuals before offering a position with our hospital.

Name: _____	Address: _____	
Phone: _____	Relationship: _____	Yrs. Known: _____

**PERSONAL REFERENCES CONT.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

Please list any additional interests or skills you may have pertaining to the animal health care field:

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What is your strongest asset and why?:

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Where do you see yourself in five years from now?:

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\*Do not write below this line

**INTERVIEW PROCESS**

Date of Interview: \_\_\_\_\_

Person / Persons Interviewing Candidate: \_\_\_\_\_

Comments: \_\_\_\_\_

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Start Date: \_\_\_\_\_ Position Offered: \_\_\_\_\_

Salary Offered: \_\_\_\_\_