

# Application for Employment

(Please print clearly)

## An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, natural origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

**Date:** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

Full-time work? Yes    No    Part-time work? Yes    No

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

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

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

Cell Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

### Education:

High School \_\_\_\_\_

College or University \_\_\_\_\_

Business, Trade, Correspondence or Night School

Other \_\_\_\_\_

List any special honors, recognitions, awards

Are there any other work experiences, skills or special trainings that you feel would qualify you for this position? Please add any additional comments you think are important for us to consider.

## Work History

(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references. A job offer may be contingent upon acceptable references.)

1. Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Contact Person/Supervisor \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Exact Job Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Starting Weekly Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Contact Person/Supervisor \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Exact Job Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Starting Weekly Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Contact Person/Supervisor \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Exact Job Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Starting Weekly Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Contact Person/Supervisor \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Exact Job Title \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Starting Weekly Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### Personal References:

( not former employers or relatives)

1. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Employment Application Questionnaire

(Please place your initials in the ( ) areas)

Position Applying For \_\_\_\_\_

Are you applying for Full-time or Part-time employment?

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date will you be available to start working? \_\_\_\_\_ 20\_\_ Salary desired \_\_\_\_\_

List any friends or relatives that work here, other than spouse \_\_\_\_\_

High School Graduate ( ) Yes ( ) No ( ) GED ( ) Attending

College Graduate ( ) Yes ( ) No ( ) Attending ( ) Enrolling

If you answer yes to attending/enrolling please list your school hours and days

Have you previously applied here? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States? ( ) Yes ( ) No

Have you ever worked for a Veterinarian/Animal Care Facility before? ( ) Yes ( ) No If yes, what were your duties?

How long did you work for them? \_\_\_\_\_

Are you at least 18 years old? ( ) Yes ( ) No

Do you have reliable transportation? ( ) Yes ( ) No

Do you enjoy meeting the public? ( ) Yes ( ) No

Do you currently smoke? ( ) Yes ( ) No

Do you have any responsibilities that might conflict with the job attendance? ( ) Yes ( ) No

Have you ever been convicted of a felony or serious misdemeanor? ( ) Yes ( ) No

If yes, please explain

(a conviction will be considered only as relates to fitness to perform the job being sought)

Would you have difficulty lifting a 35 lbs. dog into a cage four feet off the floor? ( ) Yes ( ) No

In the last five years have you been discharged by an employer? ( ) Yes ( ) No

If yes, please give Employer \_\_\_\_\_

Address \_\_\_\_\_

Reason \_\_\_\_\_

For driving positions only: Do you have a valid driver's license? ( ) Yes ( ) No

Driver's license number \_\_\_\_\_ Type/Class of license \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license been revoked or suspended in the last 3 years? ( ) Yes ( ) No

Do you expect to be out of town any specific holidays? ( ) Yes ( ) No

If yes, please list \_\_\_\_\_

Are you available to do work weekends/holidays? ( ) Yes ( ) No

Do we have permission to check and verify previous employment and references? ( ) Yes ( ) No

What would you expect after 1 year employment?

Why are you applying for work at Deason Animal Hospital?

Do you own any pets?

Please list Names, Ages and Species of your pets

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

Note: 1. We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants to perform essential functions. 2. Hiring may be subject to passing a medical examination, and to skill and /or agility test. 3. At the interview you will be asked to complete a skills and personality test.

Please read next page and sign authorization.

Deason Animal Hospital, Inc.  
1712 D St  
Floresville, Texas 78114  
803-393-4567

Employment Authorization

I \_\_\_\_\_(Name) certify that the facts contained in this application and attached are true and correct and complete statements and I \_\_\_\_\_(Name) understand that and agree to have any of the statements checked by a Deason Animal Hospital, Inc. representative. You are also giving Deason Animal Hospital, Inc. permission to conduct a criminal back ground check on you at any time before employment or after employment if hired. I also understand that Deason Animal Hospital, Inc. may request an investigative consumer report from a consumer report agency. This report may include information of my character, reputation, personal characteristics, and mode of living. I understand that falsification of information on this application may result in failure to receive an offer or if I am hired, in my dismissal from employment. If you do not understand anything in this application or attached forms please ask for assistance. I authorize the investigation of any and all statements contained in this application and also authorize any person, school, current employer, past employer, and organization named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release any persons or organizations from legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre-and/or post-employment alcohol/drug screen as a condition of employment. I also consent to the release of any or all medical information as may deemed necessary to judge my capability to do work for which I am applying. By signing this form you are giving former employers and references to release information to Deason Animal Hospital, Inc. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice. I have read and understand, and by my signature consent to these statements.

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

This application and forms will be kept for six months and then the information will be destroyed unless you are hired.