



**Personal Information**

Name (Last, first):		Date:
Address:	City:	State, Zip:
Phone (home):	Phone (cell):	
Email address:	Referred by:	

**Employment Desired**

Position desired:	Date you can start:	Salary desired:
Prefer part-time or full-time employment? PT FT	Do you have reliable transportation to/from work? Y N	
Are there days and/or hours you would be unable to work?		
Do you have a physical or medical condition which would limit your capacity or be aggravated by this job? Y N		
If yes, what can be done to accommodate your limitation?		
Are you authorized to work in the U.S.? Y N	Is this on an unrestricted basis? Y N	
During the past 10 years, have you been convicted of or pled guilty or no contest to a felony offense? If yes, please explain in the space below. (Answering "yes" to this question will not automatically bar you from employment unless applicable law requires such action.)		

**Education**

	Name & location of school	Years attended	Degree received	Major
High school	Did you graduate? Y N		n/a	
College/ University				
Technical school				
Other education				

**Relevant Licenses and Certifications**

Type	Date issued	Date expires	Issued by (state or other authority)	License no.



**Employment History**

*Please fill out an Authorization for Prior Employer to Release Information form for each employer listed below.*

Company name of most recent employer:		
Address:		
Supervisor:		Telephone:
Start date:	Starting pay:	Starting position title:
End date:	Departing pay:	Last position title:
Reason for leaving:		
May we contact? Y N If no, why?		

Company name of employer:		
Address:		
Supervisor:		Telephone:
Start date:	Starting pay:	Starting position title:
End date:	Departing pay:	Last position title:
Reason for leaving:		
May we contact? Y N If no, why?		

Company name of employer:		
Address:		
Supervisor:		Telephone:
Start date:	Starting pay:	Starting position title:
End date:	Departing pay:	Last position title:
Reason for leaving:		
May we contact? Y N If no, why?		

In addition to your work history, what other experiences, skills, training, licenses, or qualifications would especially fit you for work with our hospital?
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\_\_\_\_\_ (initial) All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identification and authorization to work in the United States will disqualify me from employment, or will result in termination if I have already been hired.

\_\_\_\_\_ (initial) I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

\_\_\_\_\_ (initial) I hereby authorize Animal Hospital of Ovilla to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that AHO will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

For background check purposes:

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's license: \_\_\_\_\_

\_\_\_\_\_ (initial) I understand that I may be subject to a pre-employment drug screen test. I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination.

\_\_\_\_\_ (initial) I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. I specifically agree that my employment may be terminated at any time, with or without cause or notice, at the option of either the employer or myself. I understand that no one, other than the owner of the practice, may enter into any agreement for employment on my behalf or make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize my prior employer, \_\_\_\_\_, to release any and all information relating to my employment with them to Animal Hospital of Ovilla. I further release and hold harmless both \_\_\_\_\_ (prior employer) and Animal Hospital of Ovilla from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date