

McKinney Animal Hospital

4630 Eldorado Parkway

McKinney, TX 75070

APPLICATION FOR EMPLOYMENT

We appreciate the time you spend completing this application. The following information is requested so that we may make the best possible placement of employees within our practice. All portion of this application pertaining to you must be completed. This practice, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, disability, or any other characteristic protected by law.

Please Print

Name: _____		Date: _____	
First	Last	Middle	
Address: _____			
Street	City	State	Zip
Telephone # (home) _____		Telephone# (work) _____	
May we call you at work? Yes _____ No _____			
Are you at least 18 years of age? _____ If less, can you produce a work permit upon hire? _____			
Do you have the legal right to work in the United States? _____			
On an unrestricted basis? _____			

Position for which you are applying? _____
How did you learn of this opening? _____
If hired, when will you be able to begin work? _____
Salary desired? _____ Do you prefer full or part-time hours? _____
Days and specific hours preferred? _____
Are there any hours you cannot or will not work? _____
Do you have reliable transportation to and from work? _____
Overtime hours will be required on some days (on short notice) in order to provide emergency care to our patients. We do our best to accommodate our employees' personal lives and to give advance warning, however this is not always possible. Are you willing to work these extra hours if needed? _____

Answer this question only after reviewing a description of the job applied for.

Do you have any physical or medical condition which would limit your capacity or be aggravated by the job for which you are applying? _____

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a crime? _____

(Note: A conviction will not necessarily disqualify an applicant for employment. The circumstances of the conviction will be considered in light of the position that you are seeking.)

If yes, please describe the circumstances surrounding the conviction. _____

Education:

	Degree	Major	Name of School	Location of School	# of Years Attended
High School					
College/ University/					
College/ University/					
Technical School					
Other Education or Training					

Work History:

List any job-related professional associations in which you participate. **Do not include any associations that would identify your age, race, color, sex, national origin or religion.**

Work History – continued...(please account for all time over the past 5 years listing most recent job first. Please use the back of this application sheet if necessary.)

1. Company name of employer: _____ Address _____ Telephone _____ Start date _____ Starting Pay _____ Starting Position _____ End Date _____ Departing Pay _____ Departing Position _____ Description of Duties _____ Supervisor Name/Title _____ Reason for Leaving _____
2. Company name of employer: _____ Address _____ Telephone _____ Start date _____ Starting Pay _____ Starting Position _____ End Date _____ Departing Pay _____ Departing Position _____ Description of Duties _____ Supervisor Name/Title _____ Reason for Leaving _____
3. Company name of employer: _____ Address _____ Telephone _____ Start date _____ Starting Pay _____ Starting Position _____ End Date _____ Departing Pay _____ Departing Position _____ Description of Duties _____ Supervisor Name/Title _____ Reason for Leaving _____
4. Company name of employer: _____ Address _____ Telephone _____ Start date _____ Starting Pay _____ Starting Position _____ End Date _____ Departing Pay _____ Departing Position _____ Description of Duties _____ Supervisor Name/Title _____ Reason for Leaving _____

Please list the names of any employers (including your current employer) that we may NOT contact and the reason. _____

In addition to your work history, what other experiences, skills, training, licenses or qualifications would especially fit you for work with our practice? _____

Aptitude questions:

Please circle the correctly spelled word in each group:

vetranarian	vetranary	veterinarian	vetnarian
alleergy	allergy	allirgy	algerry
hospitilization	hostilization	hosplitalisation	hospitalization
diarear	diarrhea	diarrhea	diarhea
seisures	ceasars	seesures	seizures

Please circle the letters found after the name of an animal doctor.

PhD. V.M.D. M.D. D.D.S. D.V.M.

Circle the words that would best complete the following sentences:

Dan and _____ took Rover to the clinic together.

- | | |
|-------|-----------|
| a. me | b. myself |
| c. I | d. she |

They walk _____ dog every evening.

- | | |
|------------|----------|
| a. there | b. him |
| c. they're | d. their |

Mr. Miller is the _____ of our high school.

- | | |
|--------------|--------------|
| a. princess | b. principle |
| c. principal | d. princeple |

You can never love your pet _____ much!

- | | |
|--------|--------|
| a. to | b. two |
| c. too | d. tew |

Make any correction necessary to this group of words to make an acceptable sentence.

Because I'm hear on today her and me can't go to the park.

If the boarding fee for a dog is \$15.00 dollars a day, what would the fee be for 3 days? _____

What would the fee be if the dog boarded for three days and also had an examination costing \$55.00? _____

Authorization: Please read thoroughly before signing.

“ I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that by falsifying or omitting information on this form may cause me to be disqualified from further consideration or that I may be dismissed from employment.

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 identity and authorization to work in the United States will disqualify me from employment.

I authorize investigation of all statements contained in this application and the employers listed (unless otherwise stated) to give you any or all information they have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I understand that, if hired, my status will be 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 the either the employer or myself. I understand that no one, other than the owner of the practice, in writing, may enter into any agreement for employment on my behalf or make any agreement contrary to the forgoing.”

Date: _____

Signature: _____