



APPLICATION FOR EMPLOYMENT

We appreciate the time you spend completing this application. The following is requested so that we make best possible placement of employees within our practice. All portions of this application pertaining to you must be completed. McKinney Animal Hospital is an Equal Opportunity Employer. This practice is accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, disability, veteran status, marital status, genetic history or any other characteristic protected by law.

Please Print

Name: _____ Date: _____
First Last Middle

Address: _____
Street City State Zip

Telephone Numbers (Home): _____ (Work): _____

May we call you at work? Yes _____ No _____

Are you at least 18 years of age? _____

Do you have the legal right to work in the United States? _____

Position for which you are applying? _____

How did you learn of this opening? _____

If hired, when will you be able to being 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. Are you willing to work theses extra hours if needed? _____

Have you ever been convicted of a crime? _____

A "conviction" includes pleas, verdicts and findings or admissions of guilt, regardless of whether a sentence was imposed by a court, and includes dispositions such as deferred adjudication. (Note: A conviction will not necessarily disqualify an applicant for employment. The circumstances of the conviction, including the nature of the offense, the date of the conviction and number of convictions 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:

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: _____ End 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: _____ End 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: _____ End 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: _____ End 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, list any other experience, skills, training, licenses or qualifications you have for the job for which you are applying. _____

References: Please list 2 References (persons that are not related to you)

Reference: _____	Length of Time Known: _____
Relationship to You: _____	Work Phone: _____ Cell Phone: _____
Reference: _____	Length of Time Known: _____
Relationship to You: _____	Work Phone: _____ Cell Phone: _____
Reference: _____	Length of Time Known: _____
Relationship to You: _____	Work Phone: _____ Cell Phone: _____

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 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 United States will disqualify me from employment. *I also understand that in the event of an offer of employment, a check of my criminal background and drug test may be required and I will consent to such background check and drug testing.*

I authorize investigation of all statements contained in this application and the educational institutions, employers and references listed (unless otherwise stated) to give you any or all information they have, personal or otherwise, and release the educational institutions, employers and references 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 by behalf or make any agreement contrary to the forgoing. *I understand that by submitting this application, McKinney Animal Hospital is not obligated to hire me. THIS APPLICATION WILL EXPIRE AFTER 30 DAYS.*"

Signature: _____ Date: _____