

Southlake Animal Hospital

200 W. Northwest Parkway
Southlake, TX 76092
(817) 481-2014

Employment Application

Southlake Animal Hospital is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, national origin, sex, disability, religion, age, sexual orientation, or veteran status in admission, access, treatment, and/or employment. The information requested is intended for use solely in accordance with employment laws. The information on this application will remain confidential. The filing and acceptance of this application does not indicate the availability of positions and in no way obligates Southlake Animal Hospital. It will be to the applicant's advantage to answer each question fully, accurately and honestly. Employment may be subject to a routine security check.

Today's Date: _____

Name: _____ Social Security #: _____ - _____ - _____
Last First Middle

Address: _____ Phone #: _____

What position are you applying for?

Receptionist Veterinary Assistant Veterinary Technician Kennel Attendant

Are you available: Full Time or Part Time What hours? _____

Can you work a flexible schedule? Yes No

Are you available on the weekend? Yes No

Are you over 18 years of age? Yes No Date of Birth ____/____/____

Are you a US Citizen? Yes No

If not, do you have the legal right to reside and work in the United States? Yes No

Have you ever been convicted of a felony? Yes No Are you willing to take a drug test? Yes No

Education: High School _____ Did you graduate? Yes No GED
College _____ Did you graduate? Yes No Attending
Major/Degree _____

Special Qualifications/Skills for the position you are applying for _____

Have you ever worked in a Veterinary Hospital? Yes No If yes, what did you do? _____

Do you have any pets? Yes No If yes, please list _____

Do you have any physical or mental conditions which may impair your ability to perform the duties of the job(s) for which you are applying? Yes No If yes, please describe _____

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Can you stand for long periods of time? Yes No

Can you tolerate loud noises? Yes No

Can you lift at least 50 lbs? Yes No

Can you stoop, bend, and reach without a problem? Yes No If no, please describe_____

Do you have any sensitivity to any household chemicals such as bleach? Yes No If yes, Please describe_____

Are you able to multi-task and work under pressure? Yes No

Do you have reliable transportation? Yes No

Minimum starting salary \$_____/hour. What was the salary of your last job? \$_____/hour.

When are you available to start work?_____

Briefly describe why you want to work in a Veterinary Hospital: _____

Employment History: Starting with most current employment

Name of Employer_____ From_____/____/____ to ____/____/____ Salary_____

Month Year

Telephone #_____ Supervisor_____ May we contact him/her? Yes No

Position/Duties_____

Reason for leaving?_____

Name of Employer_____ From_____/____/____ to ____/____/____ Salary_____

Month Year

Telephone #_____ Supervisor_____ May we contact him/her? Yes No

Position/Duties_____

Reason for leaving?_____

Name of Employer_____ From_____/____/____ to ____/____/____ Salary_____

Month Year

Telephone #_____ Supervisor_____ May we contact him/her? Yes No

Position/Duties_____

Reason for leaving?_____

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References: Please list three references who are not related to you.

Name _____ Relationship to you _____
Address _____
Telephone _____

Name _____ Relationship to you _____
Address _____
Telephone _____

Name _____ Relationship to you _____
Address _____
Telephone _____

I hereby certify that I have not knowingly withheld any information that might adversely affect chances for employment and that all information provided is true to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapsed before discovery.

I authorize Southlake Animal Hospital to thoroughly investigate my references, work record, education, and other references relating to my availability for employment and further, authorize my former employers to disclose to the hospital all letters, reports, and other information related to my work record. In addition, I release the hospital, my former employers, and all other persons, corporations, partnerships, and associations from any and all citations, demands, liabilities, arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during my interview grants or intends to create an employment contract between myself and the clinic. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and I may be terminated at any time, with or without prior notice, at the option of either myself or the hospital, and that no promises or representations contrary to the aforementioned are binding on the hospital unless made in writing and signed by myself and the hospital's designated representative.

Applicants Signature _____ **Date** _____

If completing application online, please email completed version to: inquiries@southlake.com

For Office Use Only:

Contacted: ___/___/___ @ _____ a/p

Meet & Greet: ___/___/___ @ _____ a/p

Working Interview:

___/___/___
___/___/___

Time IN _____ a/p
Time IN _____ a/p

OUT _____ a/p
OUT _____ a/p

Hire Date: ___/___/___