

# Southlake Animal Hospital

200 W. State Hwy 114  
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, gender, 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: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

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

### What position are you applying for?

Receptionist  Veterinary Assistant  Veterinary Technician  Kennel Attendant

Are you available:  Full Time  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 any physical or mental conditions which may impair your ability to perform the duties of the job(s) for which you are applying for?  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 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 that 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 is 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, I 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 a drug test may be required at any time prior to or during the course of my employment with or without cause, and consent to this procedure.

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 for mentioned are binding on the hospital unless made in writing and signed by myself and the hospital's designated representative.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ a/p

Meet & Greet: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ a/p

Working Interview:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Time IN \_\_\_\_\_ a/p OUT \_\_\_\_\_ a/p  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Time IN \_\_\_\_\_ a/p OUT \_\_\_\_\_ a/p

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_