

## ABC Animal & Bird Clinic

11930 Highway 6 South  
 Sugar Land, TX 77498  
 Phone 281-495-9445 Fax 281-495-7459  
**www.myabcvet.com**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Minimum Salary \_\_\_\_\_

Who referred you to this facility? \_\_\_\_\_ Ever applied here before \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Alternate number ( ) \_\_\_\_\_

NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Employment Eligibility

Are you a citizen of the U.S.? Yes / No If not, do you have legal right to work in the U.S.? Yes / No	Are you 16 years of age or older? Yes / No If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes / No If yes, which ones(s) _____	Have you ever been convicted of a felony crime? Yes / No Are there any criminal charges pending against you? Yes / No
I understand that if I am considered for employment, hospital policy requires that I submit to a background check as part of the pre-employment screening process. Signature _____	We are a Drug-Free Workplace. I understand that if I am a considered for employment I would be required to submit samples for drug and alcohol testing prior to my employment. Signature _____

### Education

<b>Education</b>	<b>Name of School</b>	<b>City/State</b>	<b>Years comp</b>	<b>Date left</b>	<b>Degree / Major</b>
High School					
College / University					
Graduate School					
Trade School					

**Employment History**

<b>Employment Dates</b>	<b>Employers Name &amp; Address</b>	<b>Position / Job Duties</b>	<b>Separation / Wage History</b>
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:

Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record? If yes, please explain:

Do you authorize us to contact your previous and present employer for reference prior to employment with this business? YES / NO

Authorized Signature:

Date:

List any special qualities you possess that would make you an asset to our practice:

**What are your hours of availability during the week? (including weekends)**

---

---

**PLEASE LIST THREE PEOPLE WHO WOULD GIVE YOU A CHARACTER REFERENCE:**

1) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

2) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

3) \_\_\_\_\_ -  
PHONE \_\_\_\_\_

**DO YOU POSSESS A VALID DRIVER'S LICENSE? Y / N**

**HOW LONG DID IT TAKE TO GET HERE?** \_\_\_\_\_

**Applicant's Affidavit:**

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results and satisfactory work references by <Hospital Name>. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of employment. I hereby authorize my past and present employers to furnish <Hospital Name> with their records of my employment.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

----- **Do Not Write Below This Line** -----  
-----

Called for interview: \_\_\_\_\_ Interview scheduled: \_\_\_\_\_ ar-  
rived: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ FT PT  
(hrs: \_\_\_\_\_)

Scheduling  
restraints: \_\_\_\_\_

Remarks: