

Southeast Texas Veterinary Associates, P.C.
Coastal Plains Animal Clinic
3056 N. Mechanic St.
P.O. Box 966
El Campo, TX 77437
PH: 979-543-1650
F.S. Baron D.V.M D.W. Marquardt D.V.M.

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____ Phone: _____
(Area code) number

ADDRESS: _____

City	State	Zip Code
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IN CASE OF EMERGENCY NOTIFY: _____
Name Relationship

Address	Phone No.
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E-MAIL ADDRESS _____

ARE YOU OVER THE AGE OF 18? _____

HAVE YOU EVER WORKED AT A VETERINARY HOSPITAL OR AN ESTABLISHMENT OR FARM LOOKING AFTER ANIMALS? ____ YES ____ NO

IF YES, WHEN? _____ FOR HOW LONG? _____

WHAT WERE YOUR DUTIES _____

DO YOU OWN ANY PETS? ____ YES ____ NO

PLEASE LIST 1. _____
2. _____

Would you be willing to work flexible hours, overtime, weekends or split shifts?

Do you have any allergies to animal hair, hay, straw, chemicals, and so forth?

_____ Yes To _____

_____ No

Does pressure bother you?

_____ Yes _____ No

Can you work under pressure?

_____ Yes _____ No

Have you ever been convicted of a crime?

_____ No _____ Yes--explain

List three references that are not related to you:

	Name	Phone #	Occupation	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Educational Background:

Name of School:

High

School _____ Graduate: _____ Yes _____ No _____ GED

Technical or

Trade School

_____ Graduate: _____ Yes _____ No _____ GED

Business School

_____ Graduate: _____ Yes _____ No _____ GED

College

_____ Graduate: _____ Yes _____ No _____ GED

WORK HISTORY: (BEGIN WITH MOST RECENT)

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

This application is not an employment contract.

All employees are “at-will employees” and subject to termination at any time.

By completing the application, the applicant is granting permission to contact former employers.

This practice may conduct drug screening at any time.

In the event of my employment by Coastal Plains Animal Clinic, I understand and agree that any false or misleading statements made by me in this application will be sufficient

grounds for my dismissal from employment. Such dismissal shall constitute termination for cause.

SIGNATURE: _____

DATE: _____