

Animal Hospital of Katy

22200 Highland Knolls Katy,

TX 77450

(281) 395-6777

Fax: (281) 395-2504

Karen K. Euers, DVM

Application for Employment

Personal Background

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State Zip)

Phone: (____) _____ Cell: (____) _____

Are you 18 years or older? Yes _____ No _____

How did you learn of this opening? _____

Do you have reliable transportation? _____

Shifts preferred: _____ Part-time _____ Full-time _____

Are there any hours, shifts or days you cannot or will not work? _____

Are you aware that working in a veterinary practice may require you to work extra hours or overtime some days in order to provide emergency care for our patients? Yes ____ No ____

Are you willing and able to work these extra hours? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____

Answer this question only after reviewing a description of the job applied for: Do you have a physical or medical condition, which would limit your capacity for the job? Yes___ No___
If yes, what can be done to accommodate your limitation? _____

Educational Background

High School _____ Location: _____ Date Graduated: _____

College or Trade: _____
Major: _____ Degree Received: _____

Position Information

Applying position: _____ When can you start? _____

Desired Salary? \$ _____

Work History

May we contact your present or most recent employer? Yes _____ No _____

<u>Employment Duration</u>	Employer Name & Address	Supervisor & Contact Phone #	Position	Salary	Reason for Leaving

References

Please give the names of three people not related to you whom you have known for at least one year:

Name	Address & Phone Number	Business Name

Applicant's Certification and Agreement

"I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize Animal Hospital of Katy to make an investigation of any of the facts set forth in this application.

I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary be terminated at any time without any prior notice."

Applicant's Signature _____ Date _____