



PREMIER

VETERINARY HOSPITAL

7900 South Broadway Tyler, TX 75703 903.617.6072

www.premierveterinaryhospital.com

Application for Employment

Premier Veterinary Hospital is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position applying for: (circle one) Technician Assistant Reception Groomer

Applying for: (circle one) FULL TIME PART TIME

I. Personal Information

Name: _____

Current Address: _____

Permanent Address: _____

Phone Number: _____

Drivers License Number & State: _____

Email Address: _____

How did you hear about our clinic? _____

Desired salary: _____

Why do you want to work at our hospital? _____

Do you speak any foreign languages? _____

Do you have any pets? YES NO

If yes, are your pet's current on vaccines and heartworm prevention? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

May we contact your previous employer(s)? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain:

II. Availability

If your application receives favorable consideration, when would you be available to begin work?

Indicate hours available to work:

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____ Holidays: _____

Are you available for after hour emergencies? Yes No

III. Educational History

	School Name	# Years Completed	Date Completed	Degree/Diploma
High School				
College				
Graduate School				
Technical Training				
Other				

IV. Employment Record

List last three employers, with the most recent first. Use a separate sheet to list additional employers, if necessary. You may also attach a resume.

Employer:	Address:
Position:	Phone #:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

Employer:	Address:
Position:	Phone #:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

Employer:	Address:
Position:	Phone #:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

V. References

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

By signing below, I give permission to Broadway Veterinary Hospital to contact all employers listed in this application for references. I further give permission to all current or previous employers and/or managers or supervisor to discuss my relevant personal and employment history with Premier Veterinary Hospital. I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Applicant's Signature

Date