

Application For Employment

Applicant Information

Today's Date: _____

Date of Birth: _____

First Name

MI

Last Name

Preferred Name/Nickname

Street Address

Apt. #

City

State

Zip Code

Phone Number

Alternate Phone

E-mail Address

Employment with BBAH

Are you interested in: Full-Time Part-Time Temporary/Seasonal

How did you hear about us? Walk-In Referral: _____

Advertisement: _____ Other: _____

Have you worked for this company before? Yes Dates: _____ No

Reason for Leaving: _____

Do you know anyone who is currently employed here? Yes: _____ No

Position you are applying for: Client Service Representative Veterinary Technician

Veterinary Technician Assistant Kennel Technician

Other: _____

Desired Pay: \$ _____/hour Date You can Start: _____

Do you have any scheduling restrictions? _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

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Record

Branch of Service: _____ Rank: _____ Discharge Date: _____

Have you been convicted of a felony within the last 5 years? Yes No

If yes, explain (will not exclude you from consideration):

Do you agree to a background check? Yes No

Work Experience

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

Please list your last three employers, starting with the most recent.

1	Name of Present or Last Employer: _____				
	Street Address		City	State	Zip Code
	_____ to _____		_____		
	Starting Date	Leaving Date	Company Phone Number		
	_____	_____	_____		
	Starting Salary	Final Salary	Job Title		
	Briefly Describe Your Major Duties: _____				

	Was termination:		<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	
Reason(s) for Leaving:		_____			
_____		_____			
May We Contact Your Supervisor:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
_____		_____	_____		
Name of Supervisor		Title	Phone Number		

Application For Employment

Work experience ctd.

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Name of Previous Employer: _____

_____ Street Address City State Zip Code

_____ to _____
Starting Date Leaving Date Company Phone Number

_____ Starting Salary Final Salary Job Title

Briefly Describe Your Major Duties: _____

Was termination: Voluntary Involuntary

Reason(s) for Leaving: _____

May We Contact Your Supervisor: Yes No

_____ Name of Supervisor Title Phone Number

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Name of Previous Employer: _____

_____ Street Address City State Zip Code

_____ to _____
Starting Date Leaving Date Company Phone Number

_____ Starting Salary Final Salary Job Title

Briefly Describe Your Major Duties: _____

Was termination: Voluntary Involuntary

Reason(s) for Leaving: _____

May We Contact Your Supervisor: Yes No

_____ Name of Supervisor Title Phone Number

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Education				
	Name and Address of School	No. of Years Attended	Subjects Studied/Major	Graduated?
High School				
College				
Trade, Business, or Correspondence School				

Individual Experience
Subjects of Special Study or Research Work: _____ _____
Special Training: _____ _____
Special Skills: _____ _____

References				
First and Last Name	Years Acquainted	Relationship	Company	Phone Number

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PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

Brazos Bend Animal Hospital is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Brazos Bend Animal Hospital complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Brazos Bend Animal Hospital also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

I understand by submitting an application to Brazos Bend Animal Hospital, I may be required to sign up for kennel shifts on a monthly basis on Saturdays, Sundays, and holidays.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Brazos Bend Animal Hospital from all liability for any damage that may result from utilization of such information.

Signature

Date