

EMPLOYMENT APPLICATION
Lago Vista Animal Clinic
512-267-7387

PERSONAL INFORMATION:

NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
PHONE # _____ ALTERNATE PHONE _____
ARE YOU 18 YEARS OR OLDER? _____
ARE YOU A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN
THE UNITED STATES? _____

POSITION YOU WOULD LIKE _____
DO YOU HAVE ANY EXPERIENCE THAT WOULD HELP WITH THAT
POSITION? _____ IF YES, PLEASE DESCRIBE _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER? _____

EDUCATION:

GRAMMAR SCHOOL _____
HIGH SCHOOL _____ GRADUATED? _____ YEAR _____
COLLEGE/OTHER _____

LIST AREAS OF INTEREST, KNOWLEDGE OR SKILL

FORMER EMPLOYERS:

LIST YOUR LAST THREE EMPLOYERS, DATES OF EMPLOYMENT, REASONS FOR LEAVING AND POSITION HELD.

1. _____

2. _____

3. _____

REFERENCES:

GIVE THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE PERSONS NOT RELATED TO YOU.

1. _____

2. _____

3. _____

“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 UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE. “

DATE

SIGNATURE