

FRIENDSHIP ANIMAL HOSPITAL

Employment Application



Instructions

- Please complete and email to admin@friendshipah.com
- Alternatively, you may drop off the application in person
- Please send a copy of your resume with the completed application
- For questions, please contact us at 281-239-6500

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Length of Time at present address			
If at this address for less than 5 years, please list all previous addresses for the last 5 years			
Phone	E-mail Address		
Drivers License No.			
EMPLOYMENT DESIRED			
Position Applied For	Technician <input type="checkbox"/>	Receptionist <input type="checkbox"/>	
Applying For	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	
Desired Salary			
Date Available			
Do you have your own transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? If so, please explain, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. (A conviction will not necessarily disqualify you for employment, but a false statement will). YES <input type="checkbox"/> NO <input type="checkbox"/>			
Explanation:			

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EDUCATION

Please list your academic, vocational, or professional education separately, including high school, undergraduate colleges or universities, graduate schools, technical or vocational or business schools. Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations. Use additional pages if needed.

High School		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Trade, Business or Special Training					
Institution Name		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Describe any prior experience or special skills you feel will be beneficial to you in the position you are applying for.

Briefly describe your goals you hope to accomplish should you be hired in the position for which you are applying.

Please list any foreign language skills and proficiency (including sign language).

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PREVIOUS EMPLOYMENT			
<i>Please list most recent first.</i>			
Company		Type of Business	Phone
Address		Supervisor (Name and Title)	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Type of Business	Phone
Address		Supervisor (Name and Title)	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Type of Business	Phone
Address		Supervisor (Name and Title)	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Employment Application



REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

- I certify that the information provided is true and correct. I understand that any misstatement or omission of material facts in this application may disqualify me for employment and may be cause for dismissal.
- I am entitled to work legally in the United States. I understand that I will be required to submit proof regarding identity and employment eligibility upon hire should I be selected.
- I understand that any employment offer is for "AT WILL" employment only. I understand that providing false information on this or any other form that I sign now or in the future is grounds for immediate dismissal.
- I give my permission for the release, by any previous employer or reference; of any information about me and my previous employment and that I shall hold harmless all parties regarding the release of said information.
- I understand that employment is subject to verification that I meet legal age requirements if required.
- I understand that I may be required to submit to a test for illegal drug(s) or alcohol use at any time, and that refusal to submit to such testing is grounds for immediate dismissal.
- I understand that a background check may be required upon hire should I be selected.

Signature _____

Date _____