

APPLICATION FOR EMPLOYMENT

Cuero Veterinary Clinic, P.C.

367 US Hwy 183 South
Cuero, TX 77954

Cuero Veterinary Clinic is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability or veteran status.

PERSONAL HISTORY

Applicant Name (Please give complete name)		Social Security Number	Present Address (Include City, State, Zip)		Home Phone ()
Position For Which You Are Applying		Type Position <input type="checkbox"/> FULL TIME <input type="checkbox"/> OTHER <input type="checkbox"/> PART TIME		Date Available For Work	Do you have a legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary Requirements	Are You Willing to ►	Travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant's Email Address:
Have you used any last name other than listed above during your work history? <input type="checkbox"/> YES <input type="checkbox"/> NO List: _____		Are there any reasons why you would be unable to perform or perform safely any of the duties of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain _____			References. Please list 3 professional references Full Name _____ Relationship _____ Company _____ Phone _____ Email Address _____ Full Name _____ Relationship _____ Company _____ Phone _____ Email Address _____ Full Name _____ Relationship _____ Company _____ Phone _____ Email Address _____
		Have you ever been convicted, or pled guilty or no contest to, a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain and give date(s) of occurrence. _____			
		I _____ agree to immediately notify Cuero Veterinary Clinic, PLLC if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.			

EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL LOCATION	FIRST & LAST YEAR ATTENDED IN SCHOOL	DATE GRADUATED	DEGREE OR CERTIFICATION	GRADE POINT AVERAGE
HIGH SCHOOL	_____				
COLLEGE	_____				
COLLEGE	_____				
GRADUATE SCHOOL	_____				
OTHER	_____				

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability.

List any professional licenses you possess. Indicate type of license, number and state.

Referral Source

WORK HISTORY (Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.)

Name of Company (Most Recent)		Complete Street Address		City, State, Zip		Phone Number ()	
Supervisor's Name	Type of Business		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	Date Started	Salary PER	Date Left	Salary PER
Briefly describe your job				Reason for Leaving			
Responsibilities and accomplishments				Job Title Held		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Company		Complete Street Address		City, State, Zip		Phone Number ()	
Supervisor's Name	Type of Business		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	Date Started	Salary PER	Date Left	Salary PER
Briefly describe your job				Reason for Leaving			
Responsibilities and accomplishments				Job Title Held		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Company		Complete Street Address		City, State, Zip		Phone Number ()	
Supervisor's Name	Type of Business		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	Date Started	Salary PER	Date Left	Salary PER
Briefly describe your job				Reason for Leaving			
Responsibilities and accomplishments				Job Title Held		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Company		Complete Street Address		City, State, Zip		Phone Number ()	
Supervisor's Name	Type of Business		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	Date Started	Salary PER	Date Left	Salary PER
Briefly describe your job				Reason for Leaving			
Responsibilities and accomplishments				Job Title Held		OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO	
U.S. MILITARY	Branch	Discharge Date	Have you ever been unemployed at any time since leaving school?				
	Specialty		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give dates and explain.				

PLEASE REVIEW AND SIGN WHERE INDICATED.

The information given by me is certified to be true and complete for all practical purposes. It may be verified by Cuero Veterinary Clinic. Should a position be offered and later is found that information provided in the application process is significantly untrue, incomplete or misrepresented, I understand and agree that Cuero Veterinary Clinic is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment may be dependent upon my examination at company expense.

NOTICE:

Under the Fair Credit Reporting Act (Public Law 91-508) you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics, and financial responsibility. Such report would be sought through appropriate law enforcement agencies and/or credit reporting companies. Information as to the nature and scope of the report will be available after a reasonable time, upon written request.

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an officially copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

APPLICANT:	STATUS <input type="checkbox"/> Not Interviewed <input type="checkbox"/> Interviewed-Referred No Offer <input type="checkbox"/> Interviewed-Referred Offer Accepted <input type="checkbox"/> Interviewed-Referred Offer Rejected
OPTIONAL CLINIC USE ONLY	COMMENTS: _____ _____

REASON (If Not Hired): 01=Communication Skills 02=Relevance of Education 03=Relevance of Experience 04=Professional Impression Relevant of Position 05=Salary Requirements 06=Willingness to Relocate 07=Other-Please Explain _____ _____
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Applicant Signature		Date Prepared
TO BE COMPLETED ONLY IF HIRED		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	Position	
Start Date	Salary	
Practice Owner Signature		Date