



**EMPLOYMENT APPLICATION**

Title of position applied for:	Desired Salary Range:
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**Please complete all sections and print clearly. Print name and sign and date the form when form is completed.**

<b>1. PERSONAL DETAILS</b>	
Last Name	First Name
Address	City State Zip
Phone No ( )	Email
Are you eligible to work for any US employer without requiring sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Last Name	First Name
Relationship	Phone No ( )

<b>2. EDUCATION AND PROFESSIONAL QUALIFICATIONS</b> (Original documents as proof of qualification will be required at interview.)		
<b>High School</b>	Address	
From To	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained
<b>College</b>	Address	
From To	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained
<b>University</b>	Address	
From To	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained
<b>Vocational Training</b>	Address	
From To	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Obtained
Do you currently possess any active licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Board	Date Obtained



**3. EMPLOYMENT HISTORY** (Please list all employment for the last 3 years)

<b>Company Name</b>			From	To
Address			Phone (    )	
Supervisor	Major Responsibilities			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving?	
Are you eligible for rehiring?				
<b>Company Name</b>			From	To
Address			Phone (    )	
Supervisor	Major Responsibilities			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving?	
Are you eligible for rehiring?				
<b>Company Name</b>			From	To
Address			Phone (    )	
Supervisor	Major Responsibilities			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving?	
Are you eligible for rehiring?				

Any other professional skills you would like to list?



<b>CONT. – 3. EMPLOYMENT HISTORY</b> (Please list employment for the last 3 years)		
<b>Company Name</b>	From	To
Address		Phone (    )
Supervisor	Major Responsibilities	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for rehiring?		Reason for leaving?
<b>Company Name</b>	From	To
Address		Phone (    )
Supervisor	Major Responsibilities	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for rehiring?		Reason for leaving?
<b>Company Name</b>	From	To
Address		Phone (    )
Supervisor	Major Responsibilities	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for rehiring?		Reason for leaving?
Are there any extenuating employment circumstances you would like us to know?		



**4. PROFESSIONAL REFERENCES** (Other than employers or personal relationships)

Full Name	Title	Company	Business Phone (    )
Full Name	Title	Company	Business Phone (    )
Full Name	Title	Company	Business Phone (    )

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application for employment at Paw Haven Animal Hospital PLLC, whether on this document or not, is true, complete, and correct, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the US.
3. I understand that employment in Texas is At-Will and I or the employer can terminate employment at any time without cause.
4. I understand and will abide by local, State, or federal regulatory requirements that apply to my duties within my employment.
5. I authorize any of the persons or organizations referenced in this application to give any and all information concerning my previous employment, education, or any other information they might, personal or otherwise, with regard to any of the subjects covered in this application have as part of the background verification process, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I understand that my right to privacy will always be maintained during my employment regarding personal information contained in my employee record and information will only be released to state or federal agencies as part of a routine or criminal investigation where I have provided the required informed consent.

I understand and agree with the statements above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name