

LONE STAR ANIMAL HOSPITAL

LSPETDOCS@GMAIL.COM

PLEASE COMPLETE THE FOLLOWING INFORMATION: EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE or PRINT in INK Please complete the application by typing or clearly printing in dark ink.

JOB APPLIED FOR	SOCIAL SECURITY NUMBER: - - -
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DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):		HOME/CELL TELEPHONE (include area code):	
MAILING ADDRESS:		EMAIL ADDRESS:	
CITY	STATE	ZIP CODE:	OTHER (include area code):

WORK SCHEDULE AVAILABILITY

Desired Pay:	Check Only One:	Availability Date:
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY	

EMPLOYEE HISTORY

The DEA requires us to ask these questions of every applicant.

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

Yes No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. Yes No

Details:

EDUCATION / TRAINING HISTORY/ LICENSE / REGISTRATION / CERTIFICATE

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

	Name and Location Of School, College, University, or description of license/certificate	Course of Study (List Major) or State of registration	Credits Earned/license # and expiration	Did You Graduate? (Yes / No)	Degree or Certificate Received
A					
B					
C					

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
SUPERVISOR'S NAME and PHONE NUMBER	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems
FROM (MONTH - YEAR) TO (MONTH - YEAR)	

TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring If you checked any of these boxes, list the number of employees and their job titles:	<input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
SUPERVISOR'S NAME and PHONE NUMBER		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
SUPERVISOR'S NAME and PHONE NUMBER		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE	
<p>I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.</p> <ul style="list-style-type: none"> I certify that all statements contained herein are true and complete. I understand that if hired, I must prove that I am legally authorized to work in the United States. I authorize LSAH to check employment references and verify education information provided on this employment application and as disclosed in the interview process. I authorize LSAH to check my driving record if the position for which I am applying requires driving. I authorize LSAH to run a credit history check and criminal history background check as a condition of employment. I release LSAH and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process. 	
PRINT FULL NAME	DATE:
APPLICANT'S SIGNATURE	