

Lone Star Vet Clinic

EMPLOYMENT APPLICATION

Applicant Information

Full Name:

_____ *Date:* _____
Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone:

_____ *Email* _____

Date Available: _____ *Social Security No.:* _____ *Desired Salary:* \$ _____

Position Applied for:

Are you a citizen of the United States? YES NO *If no, are you authorized to work in the U.S.?* YES NO

Have you ever worked for this company? YES NO *If yes, when?* _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ *Starting Salary:* \$ _____ *Ending Salary:* \$ _____

Responsibilities: _____

From: _____ *To:* _____ *Reason for Leaving:* _____

May we contact your previous supervisor for a reference? YES NO



Company: _____ *Phone:* _____

Address: _____ *Supervisor:* _____

Job Title: _____ *Starting Salary:* \$ _____ *Ending Salary:* \$ _____

Responsibilities: _____

From: _____ *To:* _____ *Reason for Leaving:* _____

May we contact your previous supervisor for a reference? YES NO



Company: _____ *Phone:* _____

Address: _____ *Supervisor:* _____

Job Title: _____ *Starting Salary:* \$ _____ *Ending Salary:* \$ _____

Responsibilities:

From:

_____ *To:* _____ *Reason for Leaving:* _____

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch:

_____ *From:* _____ *To:* _____

Rank at Discharge:

_____ *Type of Discharge:* _____

If other than honorable,
explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

_____ *Date:* _____