



4320 EAST BOULEVARD  
 DEER PARK TEXAS, 77536  
 PHONE: 281-479-0405  
 FAX: 281-241-8709  
 EMAIL@DEERPARKVETS.COM

**Please complete all requested information on this application. Incomplete applications are not acceptable.**  
 We are a drug-free, equal-opportunity employer. We do not discriminate because of age, color, race, religion, sex, disability or national origin.

**PERSONAL INFORMATION**

(Print) Last Name	First Name	Middle Name	Social Security Number	Today's Date
List All Your Names Under Which Employment Or Education May Be Verified			Email Address:	
Current Address (Please Use Complete Mailing Address With County and Zip Code)			Telephone Number	Yrs. at Address
Permanent Address ( With County)			Telephone Number	Yrs. at Address

**CAREER**

Position/Type Of Work Desired	Location(s) Desired	Are You 18 Years or Older?	Date Available For Employment
How Did You Hear About This Position/Company?	Referred By		Desired Salary
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>	Hours Available: M _____ T _____ W _____ R _____ F _____ S _____ S _____		
Extra hours will be required on some days (at short notice) in order to provide emergency care for our patients. We do our best to accommodate our employees' personal lives and give sufficient notice; however, this is not always possible. Are you able and willing to work these extra hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**EDUCATION/SPECIALIZED TRAINING**

Type of School	Name of School/City, State	Major Field Of Study	Dates Attended / Month and Year	Years Completed	Degree: Month and Year Granted or Expected	Grade Point Average	Honors
High School							
College or University							
Graduate or Other Formal Education							
Subjects of Special Study, Research, Internships				Special Training or Skills Within Your Field			
Typing Speed _____ wpm 10-key Speed _____ wpm		Computer Skills: <input type="checkbox"/> Mac <input type="checkbox"/> PC List software you have used/take classes in: N for Novice P for Proficient					
Are You a: <input type="checkbox"/> RVT <input type="checkbox"/> CVA <input type="checkbox"/> Other <input type="checkbox"/> _____		States Licensed/Registered In and Number:		Are you able to stoop, twist, bend, stand for a long period of time and lift up to 50lbs with or without accomodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Please continue completing this application on the following pages.**

DEER PARK ANIMAL HOSPITAL  
CONTINUATION OF APPLICATION FOR EMPLOYMENT

MISCELLANEOUS

Do you have a valid Driver's License or Picture ID Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	State:	License Number:
Do You Have Reliable Transportation To and From Work? Yes <input type="checkbox"/> No <input type="checkbox"/>	List any friends or relatives working here other than your spouse:	
Have You Previously Applied With, Interviewed At or Been Employed By This Organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	
If selected for employment, are you able to provide current original documents as proof of your eligibility to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any physical or medical condition which would limit your capacity to perform or be aggravated by the job for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT HISTORY

Name and Address of Employer: Begin With Your Present/Previous Job	Dates: Month/Year	Job Title and Responsibilities	Salary	Reason For Leaving: What Your Employer Will Tell Us
Employer	From:    To:	Supervisor's Name and Title:	Beginning:	
Address	Full Time <input type="checkbox"/>	Your Job Title and Principal Duties:	Ending:	
City/State/Zip	Part Time <input type="checkbox"/>			
Phone	Summer/Temp <input type="checkbox"/>			
Employer	From:    To:	Supervisor's Name and Title:	Beginning:	
Address	Full Time <input type="checkbox"/>	Your Job Title and Principal Duties:	Ending:	
City/State/Zip	Part Time <input type="checkbox"/>			
Phone	Summer/Temp <input type="checkbox"/>			
Employer	From:    To:	Supervisor's Name and Title:	Beginning:	
Address	Full Time <input type="checkbox"/>	Your Job Title and Principal Duties:	Ending:	
City/State/Zip	Part Time <input type="checkbox"/>			
Phone	Summer/Temp <input type="checkbox"/>			
Employer	From:    To:	Supervisor's Name and Title:	Beginning:	
Address	Full Time <input type="checkbox"/>	Your Job Title and Principal Duties:	Ending:	
City/State/Zip	Part Time <input type="checkbox"/>			
Phone	Summer/Temp <input type="checkbox"/>			

CONTINUATION OF APPLICATION FOR EMPLOYMENT

REFERENCES

May We Contact Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are There Any Employers That We May Not Contact? If Yes, Whom?		
Name of Reference	Telephone Number(s)		Nature of Your Relationship (Business/Personal)	Years
1	Day	Evening		
2				
3				

Is there anything we may have failed to ask that you would like us to be aware of? \_\_\_\_\_

AFFIDAVIT

I certify that all information given on this application is true and correct. I understand that my work and personal history will be investigated and I authorize all persons, schools, companies and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibilities arising from their doing so. I also understand that employment is subject to passing a drug screen and if hired, my employment would be "at will" which means I may be terminated at any time for any reason. I further understand that, if I am employed, any false statement, misrepresentation, or omission of facts in this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal. And, if I am offered employment, I will, as a condition of my employment be required to submit proof of my identity and legal right to work in the United States within three (3) business days of my hire date.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_