



## Leander Veterinary Clinic Employment Application

### Applicant Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address Apt/Unit #

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip Code

Date Available: \_\_\_\_\_ 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? \_\_\_\_\_

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

**References**

Please list three professional references.

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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: \_\_\_\_\_

**Previous Addresses in the last 5 years:**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Yes No

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 a 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 yes to either question, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

I authorize Leander Veterinary Clinic to perform inquiries of courts and law enforcement agencies for possible pending charges or convictions. Additionally, I understand that any information furnished or collected as a result of any inquiry will not necessarily preclude employment but will be considered as part of an overall evaluation of my qualifications. Leander Veterinary Clinic respects and honors each person's right to privacy and assures the results of such inquiries will be managed in confidence.

I understand that any false information or omission of information will jeopardize my position with respect to future employment.

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

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

\_\_\_\_\_  
Date