

MEMORIAL-610 HOSPITAL FOR ANIMALS APPLICATION FOR EMPLOYMENT



PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The Memorial-610 Hospital for Animals is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. **Each copy must be signed. Resumes will not be accepted in lieu of applications,** but they may be submitted along with the application.

NAME _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC (____) _____
(Street) (City) (State) (ZIP) Home Phone

PRESENT ADDRESS _____ AC (____) _____
(Street) (City) (State) (ZIP) (Work Phone,

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____ AC (____) _____
(Fax Number, Optional)

Position applied for and rate of pay expected:

Full-Time Part-Time Summer Temp/Project Date available for work? _____

Are you willing to work hours other than 8-5? Yes No

What days are you unable to work? _____

Current Driver's License # (if required for position) _____ Have you had your license revoked or suspended in the last 3 years? Yes No
(State) (Number)

Have you ever been employed by this organization? Yes No If Yes, When? _____

List any friends or relatives working here, other than spouse: _____

Have you previously applied here? Yes No If Yes, When? _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age. Date of Birth: _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)
 Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No
 Name/Location of High School(s) attended: _____ Grade Average: _____

If you graduated from high school, did you graduate with honors? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated		Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To		Mo.	Yr.				
		Mo.	Yr.	Mo.	Yr.						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

Date Received _____ Time Received _____ Received by _____

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (D.V.M., R.V.T., R.N., C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____ (if required for this position)

Sign Language (If required for this position) Yes No Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No
 If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No
 If yes, which language(s) _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge status _____

Dates of Service (From/To): _____

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

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
- I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in connection with my application, whether on this document or not.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I understand that the company may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
- I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination.
- I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____ Signature – Applicant _____ Date

