

APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
No. Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per week

Would you work _____ Full-time _____ Part-Time Specify days and hours if part-time _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here, other than spouse _____
Names(s)

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

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

Are you 18 years of age or older? yes no

For driving jobs only: Do you have a valid driver's license? yes no

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof you are eligible to work in the United States? yes no

Have you ever been convicted of a felony? yes no
A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you previously applied here? yes no

If yes, when? _____

Have you worked for any firm under a different name? yes no

If yes, give name _____

Work History (begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company	Business address	City	State	Phone no.
Type of business	Immediate supervisor	Date employed From To		
Exact job title	Earnings at hire	At termination	Reason for termination	
Description of duties _____ _____				

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Exact job title	Earnings at hire	At termination	Reason for termination	
Description of duties _____ _____				

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Active participation		Offices held
	From	To	

Education Record—Nonveterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> Manual machines ___WPM <input type="checkbox"/> No <input type="checkbox"/> Electric machines ___WPM	Shorthand ___WPM	Office machines and computers you know how to operate
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Education Record—Veterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University (Preveterinary)			
College (Veterinary Curriculum)			

Postgraduate training, including internships (include dates and degrees awarded, if any) _____

Are you board certified? Board eligible? Which specialty board? _____

List continuing education courses attended in the past 18 months _____

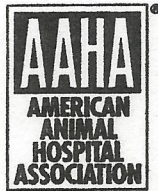
List the states in which you are licensed to practice along with license numbers: _____

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results



Published as a membership service by the American Animal Hospital Association

"The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine."

AAHA believes that the information solicited from the applicant is in full compliance with all federal equal employment laws. AAHA does not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate federal, state, or local laws and users should contact their own counsel with respect to any legal question regarding the use of this form.

Briarcrest Veterinary Clinic, Inc.
Larry N. White, D.V.M.
1492 Wilcrest Drive
Houston, TX 77042



AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Briarcrest Veterinary Clinic, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Briarcrest Veterinary Clinic may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature

Date

Print Name

Social Security No.

Drivers License No.

Date of Birth