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 Longview, Texas 75604
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APPLICATION FOR EMPLOYMENT
 Applicants may be tested for illegal drugs

Please answer all questions. Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How long at present address? _____ Social Security # _____ - _____ - _____

Telephone: (_____) _____ If under 18, list age: _____

Position applying for: _____ Salary desired: _____

How many hours can you work weekly? _____ Can you work weekends? _____ Be Specific

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

Date you can start: _____ How did you hear about us? _____

Schools Attended	Did you Graduate?	Major or Special Studies

List any professional Licenses or Certificates: _____

What special skills do you think you could bring to our hospital? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____No _____Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? _____Yes _____No

What is your means of transportation to work? _____

Driver's license number: _____ Expiration Date: _____ State of issue: _____

Please list two references other than relatives.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Employer	Dates	Salary	Job Title	Reason for Leaving

***This office does not discriminate any applicant because of age, color, religious creed, national origin, ancestry, physical or mental handicap, or military status. WE ARE AN EOE (Equal Opportunity Employer). ***

READ BEFORE SIGNING:

I authorize West Loop Animal Hospital to obtain certain information about me from any previous employer and schools. I authorize my previous employers and schools, which I have attended, to disclose to West Loop Animal Hospital such information about me as West Loop Animal Hospital may request. I also do hereby certify that all information contained in this application is true and complete. I give permission to West Loop Animal Hospital to contact all sources necessary to verify this information. I understand that if I am hired, any false or incomplete information in this application will be sufficient grounds for immediate discharge.

Signature: _____

Date: _____