

Application for Employment

817-478-9238 | 5820 West I-20, Arlington, TX 76017 | i20animal.com



All information must be completed for consideration. Thank you for applying to I-20 Animal Medical Center!

Position Applied for: _____ Date: ___ / ___ / ___

The I-20 Animal Medical Center is an Equal Opportunity Employer and considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law.

First Name: _____ Last Name: _____ Phone: _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you over the age of 18? ___ Yes ___ No If not, please state your age: _____

Do you want to work: ___ Full Time ___ Part Time / How many hours per week? _____

Specify days and hours available (specify am or pm):

MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN ___

We are open 24/7/365 including holidays. Are you willing to work overtime as necessary? ___ Yes ___ No

Date you can start: ___ / ___ / ___ Salary desired: _____

Have previously been employed by us? ___ Yes ___ No

If yes, when? _____ Supervisor _____

Is there anything that would prevent you from performing the activities involved in the position for which you have applied in a reasonable and safe manner? ___ Yes ___ No

If yes, please explain: _____

Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? ___ Yes ___ No

If yes, please state nature of offense, when, where, and disposition: _____

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In accordance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment. Authorization upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer? ___ All employers ___ Current employer only

State name(s) of any relative(s) in our employ and your relationship to them:

Record of Education

School Level	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied

Military Service Record

Have you ever served in the U.S. Armed Forces? ____ Yes ____ No

If yes, list your duties in the service, including any special training that is relevant to the position for which you have applied.

Skills

Have you had experience in the following areas?

Telephone Skills Yes No Skill level: _____

Medical Charting Yes No Skill level: _____

Animal Health Yes No Skill level: _____

Animal Handling Yes No Skill level: _____

Are there any other experience, skills, or abilities that you feel especially qualify you for the position you are applying for and to work with our company?

Personal References (excluding relatives)

Name	Phone Number	Business	Years Acquainted

Prior Work History

(List in order, last or current employer first.) Please account for any gaps in your employment. **Please complete this section even if you have a current resume.** Describe in detail the work you performed. (If you need more room to complete your work history, use additional sheets of paper.)

Name of Present or Last Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor? ___ Yes ___ No

Name of Supervisor: _____ Title: _____ Phone: _____ - _____

Description of Work: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor? ___ Yes ___ No

Name of Supervisor: _____ Title: _____ Phone: _____ - _____

Description of Work: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Starting Date: ___ / ___ / ___ Leaving Date: ___ / ___ / ___ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary: _____ May we contact your supervisor? ___ Yes ___ No

Name of Supervisor: _____ Title: _____ Phone: _____ - _____

Description of Work: _____

Reason for Leaving: _____

Additional Information

1. Describe the responsibilities on your present or last job. Please give a detailed response. _____

2. What factors would contribute to your sense of satisfaction on a job? _____

3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?

4. What is your idea of excellent client service? _____

5. How do you feel about working as part of a team? _____

6. What specific aspects of your education or experience do you consider to be beneficial to this position?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature: _____

Date: ____ / ____ / ____