2250 FM 407 Ste 140 Highland Village, TX 75077 (972) 317-9310

## APPLICATION FOR EMPLOYMENT

<u>PRINT IN BLACK INK.</u> These instructions must be followed exactly. Fill out the application completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Resumes will not be accepted in lieu of applications. The filing and acceptance of this application does not indicate the availability of positions and in no way obligates Highland Pointe Animal Hospital to proceed further with the hiring process. The information requested is intended for use solely in accordance with employment laws.

Highland Pointe Animal Hospital 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.

DATE:				
NAME:				
	(Last)	(First)	(Middle)	(Daytime Phone)
MAILING AD	DDRESS:			
		(Street)		(Alternative Phone)
(City)	(State)	(Zip Code)	(Country)	
EMAIL ADDI	RESS:			
			<del>-</del>	
_				_
What position	on are you app	lying for?		
	· D	4 4 (CCD)	- <b>T</b>	
□ Client Ser	vices Kepresen	tative (CSR)	☐ Veterinary Technician	
□ Votoninous	. A gaigtant		□ Vonnal Aggigtant	
□ Veterinary	Assistant		☐ Kennel Assistant	

Date available for work
Work availability: □ Full-time □ Part-time □ Summer only
What days are you unable to work
Are you at least 18 years of age? □ Yes □ No
Are you authorized to work in the US? $\Box$ Yes $\Box$ No
During the past 10 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? $\Box$ Yes $\Box$ No
If so, please explain on a separate sheet of paper, giving dates and nature of the offense, name and location of the court, and disposition of the case. A conviction may not disqualify you, but a false statement will.
Would you consent to a drug screen as a condition of employment? ☐ Yes ☐ No
Would you consent to a background check? □ Yes □ No
Can you stand for long periods of time? $\square$ Yes $\square$ No
Can you tolerate loud noises? ☐ Yes ☐ No
Can you lift up to 50 pounds? $\square$ Yes $\square$ No
Can you bend, and reach without a problem? ☐ Yes ☐ No If no, please describe:
Briefly describe why you want to work in a veterinary hospital:

**EDUCATION** (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations).

High Sch	ool Graduate or GI	ED?		Yes		$\Box$ No If	yes, name and loc	ation of high	school or
GED inst	itute:								
Type of School	Name and Location of School	Da	ates A	ttend	led	Graduation Date	Expected Graduation Date	Type of Diploma or Degree	Major/Minor of Fields of Study
	School	Fr	om	1	Co.			Degree	Study
		M	Y	M	Y				
Undergraduate									
Colleges or Universities									
Graduate									
Schools									
Technical or									
Vocational Schools									

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

LICENSE/CERTIFICATION	Date issued	Date expires	Issued by/Location of Issuing Authority (State or other authority) (City and State)	License No.



**EMPLOYMENT HISTORY:** (Start with the most recent employment, including current employment if applicable. If additional space is necessary to adequately describe your employment history, attach a typed sheet providing the same information in the same format as this application form.)

Name of Employer:	Fron	n/	to/	
		Mo. Yr	. Mo.	Yr.
Employer Mailing Address:				
(Street)	(City)	(State)	(Zip coo	de)
Telephone #:				
Supervisor:Position/Duties:	<del></del>			
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☐ Full-time or ☐ Part-time If I	Part-time, average number of ho	urs worked pe	r week:	
Salary or hourly pay:				
Reason for leaving:				
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Applicant signature	Date			



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## HIGHLAND POINTE — ANIMAL HOSPITAL —

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(Street)	(City)		(	State)		(Zip c	ode)
Telephone #:							
Supervisor:							
Position/Duties:							
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Salary or hourly pay:							
Reason for leaving:							
May we contact your previous emplo	over?						
☐ Yes If yes, please read the fo		nd sign	belo	w.			
☐ No If no, please provide reas							
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Applicant signature	Date						



Name of Employer:		Fro	Om/1 Mo. Yr.	Mo. Yr.
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Applicant signati	ire	Date	_	



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Telephone #:						
Supervisor:						
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viewed only by the involved will have		the hiring decision, and the information.	that neither	i nor anyo	one else	not so
Applicant sig	nature	Date				

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, omission, or falsification of information may be grounds for refusal to hire, or if hired, termination, regardless of the time lapsed between moment of hire and discovery.

I understand that nothing contained in the application or conveyed during my interview represents an employment contract or agreement between myself and Highland Pointe Animal Hospital. In addition, I understand that if I am employed, my employment will be on an at-will basis, and that neither myself nor any Highland Pointe Animal Hospital representative have entered into a contract regarding the terms or the duration of my employment. As an at-will employee, I will be free to terminate my employment with Highland Pointe Animal Hospital at any time, with or without cause or advance notice. Likewise, Highland Pointe Animal Hospital will have the right to reassign me, to change my compensation, or to terminate my employment at any time, with or without cause or advance notice.

I authorize any of the persons or organizations referenced in this application to give Highland Pointe Animal Hospital 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. I release such parties from all liability from any damages which may result from furnishing such information to Highland Pointe Animal Hospital.

I certify that I, the undersigned applicant, have personally completed this application.

Applicant's Signature: Date:
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Please fill out the application completely and either bring to Highland Pointe Animal Hospital, scan and email to Highland Pointe Animal Hospital (<u>Info@HighlandPointeah.com</u>), or fax to Highland Pointe Animal Hospital (972) 317-6907.