



HIGHLAND POINTE

— ANIMAL HOSPITAL —

6150 Morriss Road
Flower Mound, TX 75028
(972) 317-9310

APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK. 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)

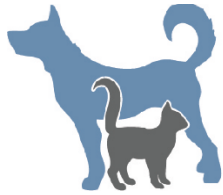
MAILING ADDRESS: _____
(Street) (Alternative Phone)

(City) (State) (Zip Code) (Country)

EMAIL ADDRESS: _____

What position are you applying for?

- | | |
|--|---|
| <input type="checkbox"/> Client Services Representative (CSR) | <input type="checkbox"/> Veterinary Technician |
| <input type="checkbox"/> Veterinary Assistant | <input type="checkbox"/> Kennel Assistant |



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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? Yes No

During the past 10 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? Yes 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? Yes No

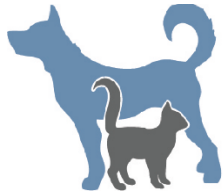
Can you tolerate loud noises? Yes No

Can you lift up to 50 pounds? Yes 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:



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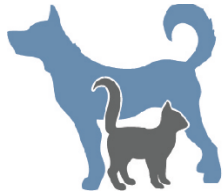
EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations).

High School Graduate or GED? Yes No If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Graduation Date	Expected Graduation Date	Type of Diploma or Degree	Major/Minor of Fields of Study
		From		To					
		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.



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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: _____ From _____/_____/_____ to _____/_____/_____
Mo. Yr. Mo. Yr.

Employer Mailing Address:

(Street) (City) (State) (Zip code)

Telephone #: _____

Supervisor: _____

Position/Duties: _____

Full-time or Part-time If Part-time, average number of hours worked per week: _____

Salary or hourly pay: _____

Reason for leaving: _____

May we contact this previous employer?

Yes If yes, please read the following statements and sign below.

No If no, please provide reason: _____

I, _____, hereby authorize my prior employer,
_____, to release any and all information relating to my employment
with them to Highland Pointe Animal Hospital. I further release and hold harmless both
_____ and Highland Pointe Animal Hospital from any and all liability that may
potentially result from the release and/or use of such information. I understand that any
information released by my prior employer will be held in strictest confidence, that it will be
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Applicant signature

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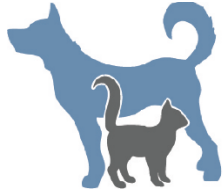
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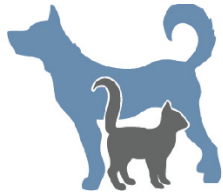
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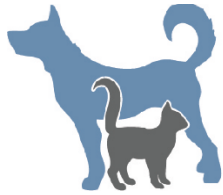
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I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, omission, or falsification of information may be grounds for refusal to 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: _____

Please fill out the application completely and either bring to Highland Pointe Animal Hospital or scan and email to Highland Pointe Animal Hospital (Info@hpah.net).