

Note: A Fillable PDF version of this application is available at: www.hewittveterinary.com/employment



Hewitt Veterinary Hospital
101 E. Panther Way
Hewitt TX 76643
(254) 666-5050

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions is intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Email Address: _____

Are you 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are authorized to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been involuntarily terminated from a position of employment? (This question does not apply to a layoff or reduction of force for economic reasons.) Yes No

If yes, please explain:

Have you ever been convicted of, or have you pleaded "guilty" or "no contest" to, any law violation? Yes No

If yes, please explain the nature and gravity of the violation(s), and how much time has passed: (A conviction/plea will not necessarily disqualify an applicant for employment.)

Do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

EDUCATION	Name of School or Institution	City/State or Location	Number of Years Completed	Diploma/Degree/Certificate	Major(s) / Emphasis of Study
High School or GED:					N/A

Vocational/Technical/College/University:					

What skills or additional training do you have that relate to the job for which you are applying?					

List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm/company name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Give three references, other than relatives or former employers, who can attest to your qualifications for the job for which you are applying.

Name

Address

Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment 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 authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CEO OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF HIRED, I UNDERSTAND THAT I WILL BE HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____