



Turtle Creek Veterinary Medical Center, P.C.
5900 Jack Finney Blvd.
Greenville, TX 75402
(903)-454-6222

Application for Employment

Turtle Creek Veterinary Medical Center is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____ **Position applying for: (circle one) Technician Assistant Reception**

Applying for: (circle one) FULL TIME PART TIME

I. Personal Information

Name: _____

Current Address: _____

Permanent Address: _____

Phone Number: _____

Social Security Number: _____

Drivers License Number & State: _____

Email Address: _____

How did you hear about our clinic? _____

Have you ever applied at Turtle Creek Veterinary Medical Center before? YES NO If yes, when? _____

What type of work are you looking for? _____

Desired salary: _____

Why do you want to work at our animal clinic? _____

Do you speak any foreign languages? _____

Do you have any pets? YES NO

If yes, are your pets current on all recommended vaccines and prevention? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

May we contact your previous employer(s)? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

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II. Availability

If your application receives favorable consideration, when would you be available to begin work?

Indicate hours available to work:

Monday: _____ Tuesday: _____
 Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____
 Sunday: _____ Holidays: _____

Are you available for after hours emergencies?: _____

III. Educational History

	School Name	Years Completed	Degree/Diploma
High School			
College			
Graduate School			
Technical Training			
Other			

IV. Employment Record

List all employment for the last five years, with the most recent first. Use a separate sheet to list additional employers, if necessary. You may also attach a resume.

Employer:	Address:
Position Held:	Phone Number:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

Employer:	Address:
Position Held:	Phone Number:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

Employer:	Address:
Position Held:	Phone Number:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

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Employer:	Address:
Position Held:	Phone Number:
Wage/Salary:	Supervisor:
Date Began:	Date Ended:

Reason for Leaving: _____

V. References

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

Name: _____

Telephone: _____

Number of Years Known: _____

Address: _____

Occupation: _____

By signing below, I give permission to Turtle Creek Veterinary Medical Center to contact all employers listed in this application for references. *I further give permission to all current or previous employers and/or managers or supervisor to discuss my relevant personal and employment history with Turtle Creek Veterinary Medical Center.* I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Applicant's Signature

Date

