

Southeast Texas Veterinary Associates, P.C.
Coastal Plains Animal Clinic
3106 N. Mechanic St.
P.O. Box 966
El Campo, TX 77437
PH: 979-543-1650
F.S. Baron D.V.M D.W. Marquardt D.V.M.

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____ Phone: _____
(Area code) number

ADDRESS: _____

City _____ State _____ Zip Code _____

IN CASE OF EMERGENCY NOTIFY: _____
Name Relationship

Address _____ Phone No. _____

DATE OF BIRTH: _____
Month Day Year

MARITAL STATUS: ___ Single ___ Married ___ Divorced ___ Separated ___ Widow (er)

DEPENDANTS (Name): RELATIONSHIP: AGE:

SOCIAL SECURITY #: ____ - ____ - ____

HAVE YOU EVER WORKED AT A VETERINARY HOSPITAL OR AN ESTABLISHMENT OR
FARM LOOKING AFTER ANIMALS? ____ YES ____ NO

IF YES, WHEN? _____ FOR HOW LONG? _____

WHAT WERE YOUR DUTIES _____

DO YOU OWN ANY PETS? ____ YES ____ NO

How do you feel about working flexible hours, overtime, weekends or split shifts?

Do you have any allergies to animal hair, hay, straw, chemicals, and so forth?

_____ Yes To _____

_____ No

Does pressure bother you?

_____ Yes _____ No

Can you work under pressure?

_____ Yes _____ No

List three references that are not related to you:

	Name	Phone #	Occupation	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Educational Background :

Name of School :

High

School _____ Graduate: _____ Yes _____ No _____ GED

Technical or _____

Trade School

Graduate: _____ Yes _____ No _____ GED

Business School _____

Graduate: _____ Yes _____ No _____ GED

College _____

Graduate: _____ Yes _____ No _____ GED

WORK HISTORY: (BEGIN WITH MOST RECENT)

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

DUTIES: _____

SALARY: (STARTING) _____ (ENDING) _____ HRS/WK _____

SUPERVISOR NAME: _____ PHONE #: _____

REASON FOR LEAVING: _____

In the event of my employment by Coastal Plains Animal Clinic, I understand and agree that any false or misleading statements made by me in this application will be sufficient grounds for my dismissal from employment. Such dismissal shall constitute termination for cause.

SIGNATURE: _____

DATE: _____