

ANIMAL HOSPITAL OF ROWLETT  
& DIAGNOSTIC CENTER  
9501 Lakeview Parkway  
Rowlett, Texas 75088  
(972) 412-0101  
Fax (972) 412-3061

***APPLICATION FOR EMPLOYMENT***

**It is the policy of Animal Hospital of Rowlett (“AHR”) to provide equal employment opportunities without regard to race, sex, color, religion, creed, national origin, disability, veteran status, age or any other legally protected characteristics. This policy applies to all terms and conditions of employment, including the hiring process.**

***\*The minimum legal age for employment at Animal Hospital of Rowlett is 16.***

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Date You Can Begin \_\_\_\_\_ Desired Salary \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Referred by \_\_\_\_\_

List Other names by which you have been known: \_\_\_\_\_

**Criminal History: Before answering the next set of questions, please carefully read all of the following instructions and definitions:**

A “conviction” includes pleas, verdicts and findings or admissions of guilt, regardless of whether a sentence was imposed by a court, and includes dispositions such as deferred adjudication.

Have you ever been convicted of a criminal felony or misdemeanor? (Do not include information about arrests that did not result in a conviction)?  Yes /  No

Are you currently awaiting trial for a misdemeanor or felony arrest for which you are out on bail or on your own recognizance pending trial?  Yes /  No

If you answered “yes” to either of the above questions, please explain and identify for each: the nature of the charge, the date of conviction or trial, the court, county and final disposition (example: probation, deferred adjudication, fine, incarceration, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Note: a “yes” answer will not necessarily bar you from employment]

Are you now or have you ever been a member of any animal rights group?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Are you able to perform the duties for the job for which you are applying with or without reasonable accommodation?  Yes  No

**EDUCATION**

**High School Attended & Location** \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If not, how many years did you attend? \_\_\_\_\_

**College Attended & Location** \_\_\_\_\_

Did you graduate? \_\_\_\_\_ What kind of degree? \_\_\_\_\_ If not, how many years did you attend? \_\_\_\_\_

**Special Courses or Training** \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree or Certification \_\_\_\_ If yes, what type? \_\_\_\_\_

**EXPERIENCE**

Please list any experience and or skills related to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your employment history below. If you do not have employment history, use this section to list references and write "reference" on the reason for leaving line.

**EMPLOYMENT HISTORY (Most recent positions first)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_

Type of Business \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_ I Authorize Animal Hospital of Rowlett to contact the employer named above for a reference.

\_\_\_\_ I authorize the employer named above to disclose information pertinent to my work history.

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Business \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

\_\_\_\_ I Authorize Animal Hospital of Rowlett to contact the employer named above for a reference.

\_\_\_\_ I authorize the employer named above to disclose information pertinent to my work history.

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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Business \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Telephone \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Business \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Job Duties \_\_\_\_\_  
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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City,State,Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Type of Business \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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APPLICANT ACKNOWLEDGEMENT:

The information provided by me in this Application for Employment is true, correct and complete. I understand that any false statements, misrepresentations or a failure to provide complete and truthful answers to the questions asked in this Application will be grounds to reject the Application, to revoke any employment offer made or, in the event that I am hired, to terminate my employment.

I and understand that, *if* I am hired, my employment will be “at-will” which means that I may resign or be terminated from my employment at any time, with or without notice and with or without cause. I understand and agree that, if hired, my status as an at-will employee can not be changed unless it is done so in writing and signed by Dr. Downes or Dr. Huber. I also understand and agree that my Application for Employment does not form a contract for employment or otherwise obligates Animal Hospital of Rowlett to hire me. I also understand and agree that that, if hired, my position, compensation and other terms and conditions of employment may changed, with or without cause, and with or without notice, at any time by Animal Hospital of Rowlett.

I understand that acceptance of an offer of employment, if any, does not create a contractual obligation on Animal Hospital of Rowlett to continue to employ me for any period of time.

I understand that no oral representations that may be made during the application or interview process or during my subsequent employment, if hired, are binding against Animal Hospital of Rowlett.

I understand that any offer of employment may be revoked at any time for any reason.

If hired, I agree to conform to Animal Hospital of Rowlett rules, policies and regulations.

I understand and agree that, if offered a position at Animal Hospital of Rowlett, any offer will be contingent on my consenting to and passing a criminal background check, a drug test, and a non-medical physical ability test.

I authorize Animal Hospital of Rowlett to investigate all statements contained in this Application.

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*Applicants Signature*

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*Today's Date*

*\*This application will expire 30 days from the date of submission.*