

# Application for Employment



**Pet MEDICAL CENTER**  
OF DUNCANVILLE

(OFFICE USE ONLY)

APPR. \_\_\_\_\_ DISAPPR. \_\_\_\_\_ BY \_\_\_\_\_  
Reason: \_\_\_\_\_

## Name and Contact Information:

Name:	Last	First	MI
Address:	Street		
City	State	Zip	
Home Phone:	Cell:	Email:	

## Applying for:

Job Title:	Hourly Rate Desired:
Hours:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time

## Available Hours to work: (e.g. 11am - 5pm)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Education and Training:

Do you have a high school diploma or GED?	Yes	No
If not, what is the highest grade that you completed?		

## Relevant Education:

Name/Location of School(s)	Dates Attended	Major/Program

## Work Experience:

List below, beginning with your most recent position, any relevant work experience.

Job Number 1:

Name of Employer:	City/State:		
Type of Business:	Your Job Title:		
Did you supervise other employees?	Yes	No	How Many?

Dates of Employment:	Pay Rate:
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Job Duties:

Reason for Leaving:

May we contact this employer?	Yes	No
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Job Number 2:			
Name of Employer:			City/State:
Type of Business:		Your Job Title:	
Did you supervise other employees?	Yes	No	How Many?
Dates of Employment:			Pay Rate:
Job Duties:			
Reason for Leaving:			
May we contact this employer?	Yes	No	
Job Number 3:			
Name of Employer:			City/State:
Type of Business:		Your Job Title:	
Did you supervise other employees?	Yes	No	How Many?
Dates of Employment:			Pay Rate:
Job Duties:			
Reason for Leaving:			
May we contact this employer?	Yes	No	
Are you fluent in a language other than English?			
	Yes	No	
If yes, please list:			
<b>Employment Questionnaire:</b>			
Why do you want to work at a veterinary hospital? If you have previous experience, explain what you enjoy the most about working in a veterinary hospital.			
Please describe any other relevant skills or experience.			
What motivates you to work?			
Please list all veterinary management software programs you have used.			
Describe your experience with phone systems (# of lines, voicemail, etc.)			
Do you currently have any plans to be away from work for any reason? (i.e. vacations, holidays, etc.)			
Yes	No	If yes, please list specific dates:	

### References

Please list three professional references.

Name:

Phone Number:

Relationship to you:

Name:	Phone Number:	Relationship to you:

Do you consent to have a criminal background check conducted?

 Yes

 No

\*\*After a conditional offer of employment, an applicant may be requested to take a drug test.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or separation from Pet Medical Center of Duncanville (PMCOD)'s services. Unless indicated elsewhere in this application, I hereby authorize PMCOD to verify all of the information I have provided in this application. I hereby authorize any persons to furnish information concerning any of the information I have provided in this application and release such person from any and all liability arising therefrom. I understand that if I am employed by the Company, my employment and compensation can be terminated, with or without cause and with or without prior notice, at any time.

Date:

E-Signature of Applicant:

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