



East Lake Veterinary Hospital

10101 East Northwest Highway

Dallas TX 75238

214-342-3100



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification. We will retain all submitted applications on file for six months. In accordance with a safe work place, we do background checks on all potential team members and reserve the right to drug test.

Name : _____ Date : _____
Last First Middle

Address : _____
Street City State Zip

Telephone Number : _____ : _____ Email: _____ Social Security Number : _____ - _____ - _____

Do you have the legal right to work in the United States on an unrestricted basis? Yes ____ No ____ Driver's License # and State _____

Have you ever been convicted of any crime? Yes ____ No ____
Note: A conviction will not necessarily disqualify an applicant for employment.

If yes, please describe the circumstances surrounding the conviction:

Have you applied here previously? Yes ____ No ____ Do you have pets? Yes ____ No ____

If yes, what kind? _____

How did you learn about employment opportunities at East Lake? _____

Are there any hours, shifts or days you cannot or will not work? _____

Shifts preferred : _____ Part-time ____ Full-time ____

Are you aware that working the veterinary field may require you to work extra hours or overtime some days in order to provide urgent or emergency care for our patients? Yes ____ No ____

Are you willing and able to work extra hours? Yes ____ No ____

Do you have a physical or medical condition which would limit your capacity or be aggravated by the job for which you have applied? Yes ____ No ____

If yes, what can be done to accommodate your limitation? _____

EDUCATION

	Name/Location	Graduated? Y or N	Degree	Major
High School:				
College / University:				
Technical School:				
Other Education or Training:				

POSITION APPLIED FOR : _____

Wage or Salary desired? _____

Date of availability: _____

Work History :

Most recent employer : _____		
Address : _____		Telephone : _____
Start date : _____	Starting pay / week : _____	Starting position : _____
End date : _____	Departing pay / week : _____	Departing position : _____
Description of duties : _____		
Name & Title of Supervisor : _____		Reason for leaving : _____

Next most recent employer : _____		
Address : _____		Telephone : _____
Start date : _____	Starting pay / week : _____	Starting position : _____
End date : _____	Departing pay / week : _____	Departing position : _____
Description of duties : _____		
Name & Title of Supervisor : _____		Reason for leaving : _____

Next most recent employer : _____		
Address : _____		Telephone : _____
Start date : _____	Starting pay / week : _____	Starting position : _____
End date : _____	Departing pay / week : _____	Departing position : _____
Description of duties : _____		
Name & Title of Supervisor : _____		Reason for leaving : _____

May we contact your present employer? Yes ____ No ____

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our company?

What are your personal career goals long term?

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of any such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature

Date



Full Service Workforce Screening, Testing & Verifications

FC Background Applicant Consent Document

Client Name: East Lake Veterinary Hospital

Client Code: EASTLK

Branch Code: FCCORP

Service Code: HAIR

CRIM

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **FC Background, LLC**, a Texas licensed, Private Investigations Agency to verify certain information contained in your application for employment, conditional job offer or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

APPLICANT'S LEGAL NAME: _____

Last Name

First

M.I.

DAYTIME PHONE #: _____ EVENING: _____

CURRENT HOME ADDRESS: _____

Street

City/State

Zip

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

Month/Day/Year

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **FC Background, LLC**, 12750 Merit Dr, Dallas, TX 75251. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that **FC Background, LLC** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, criminal and civil records felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____ DATE: _____

www.fcbackground.com

www.workercheck.com