

Lovers Lane Animal Medical Center

4660 W Lovers Lane ♦ Dallas, Tx 75209

Phone: 214-350-5696 ♦ Fax: 214-357-0536



Application for Employment

Please complete all information as thoroughly as possible.

Name _____ Date _____

Address _____

City/State/Zip _____

When can you NOT work? _____

Position applied for _____ Salary Requested _____

Phone # _____ Best Time to Contact You _____

Email Address: _____

Have you ever been employed here? _____ If yes, when? _____

Educational Background

Education	Name of School	City/State	Yrs comp	Date left	Degree/ Major
High School					
College/ University					
Graduate School					
Trade School					

Qualifications: List any applicable skills or certifications that you have received that may be of value to your employment. _____

Employment Eligibility

Are you a citizen of the U.S. and able to prove it? Yes/No	Are you 18 yrs of age or older? Yes/No
If not, do you have legal right to work in the U.S? Yes/No	If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes/No	Have you ever been convicted of a felony crime? Yes/No
If yes, which one(s) _____	Are there any criminal charges pending against you? Yes/No

General Information

Do you have reliable transportation to and from work? Yes/No

What do you plan to be doing in five years? _____

Are there any restrictions you have to your schedule that would interfere with your employment with us? Yes/No
 If yes, please explain. _____

Are you aware that working in a veterinary practice may require you to work extra hours or overtime? Yes/No

Tell us about your greatest customer service achievement or your best example of helping a client or customer at work. _____

10. Tell us why you would like to work here, how you can help Lovers Lane, and how Lovers Lane can help you. _____

*****Please read the Job Description that is included in this application and then answer the following questions.***

Are you able to perform all of the duties listed in the job description? Yes/No
 If no, please tell us which requirements you would need training on, or are unable to perform _____

Employment History

Employment Dates	Employers Name & Address	Position/Job Duties	Separation/Wages
			Reason for leaving: Wage/salary:
			Reason for leaving: Wage/salary:
			Reason for leaving: Wage/salary:

Is the information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check you work record? If yes, please explain:

Do you authorize us to contact your previous and/or present employer for reference prior to employment with this business? Yes/No

Signature: _____ Date: _____

Is there anything else you would like us to know about you?

Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of my employment. I hereby authorize my past and present employers to furnish Lovers Lane Animal Medical Center with their records of my employment.

Signature _____
Date

----- **Do Not Write Below This Line** -----

Called for interview: _____ Interviewed scheduled: _____ arrived: _____

Interviewed By: _____ Date: _____ FT PT (hrs: _____)

Scheduling restraints: _____

Remarks: