



## Application For Employment

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying For: \_\_\_\_\_

Full Name: \_\_\_\_\_ Previous/Maiden Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days of the week you are available to work (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

# of hours you would like to work/week: \_\_\_\_\_

Please describe any limitations for dates/hours: \_\_\_\_\_

Date you can report to work if hired: \_\_\_\_\_

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) Yes No

If yes, please furnish details of conviction, offense, location, date, & sentence:

\_\_\_\_\_

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? Yes No

If yes, please furnish details: \_\_\_\_\_

Most recent school you attended: \_\_\_\_\_

Degree or Grade Level Attained: \_\_\_\_\_ GPA? \_\_\_\_\_

Do you have any certifications, degrees, awards, or special skills that we should know about?

\_\_\_\_\_

**Current or Most Recent Employer:** \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ (mm/yy) To: \_\_\_\_/\_\_\_\_ (mm/yy)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ May we contact for reference? Yes No

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left/are leaving position: \_\_\_\_\_

Hourly rate of pay Start: \_\_\_\_\_ Ending: \_\_\_\_\_

**Previous Employer #1:** \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ (mm/yy) To: \_\_\_\_/\_\_\_\_ (mm/yy)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ May we contact for reference? Yes No

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left/are leaving position: \_\_\_\_\_

Hourly rate of pay Start: \_\_\_\_\_ Ending: \_\_\_\_\_

**Previous Employer #2:** \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ (mm/yy) To: \_\_\_\_/\_\_\_\_ (mm/yy)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ May we contact for reference? Yes No

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left/are leaving position: \_\_\_\_\_

Hourly rate of pay Start: \_\_\_\_\_ Ending: \_\_\_\_\_

Please describe any other relevant experience (volunteer, animal related hobby, etc.):

\_\_\_\_\_

Is there anything else you would like us to know when considering your application?

\_\_\_\_\_

**Personal Reference #1:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

**Personal Reference #2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

**Personal Reference #3:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment.

- I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize Cornerstone Animal Clinic to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize Cornerstone Animal Clinic to run a criminal history background check as a condition of employment.
- I release Cornerstone Animal Clinic and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cornerstone Animal Clinic

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