

• ANAH is a drug & alcohol free workplace. Applicants considered for employment will be required to submit to a drug screening test prior to an offer of employment •

## ACRES NORTH ANIMAL HOSPITAL

### Application for Employment Receptionist/Technician/Kennel

*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.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Positions applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ / hour When can you start? \_\_\_\_\_

Shift preferred: \_\_\_\_\_ ( ) Part-time ( ) Full-time

Are you authorized to work in the United States on an unrestricted basis? ( ) Yes ( ) No

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

Are you willing to work overtime as required? ( ) Yes ( ) No

Have you ever been convicted of a misdemeanor or felony? ( ) Yes ( ) No (This would also include any pretrial diversion, deferred adjudication, or probation. Conviction will not necessarily disqualify an applicant for employment.)

If yes, describe

conditions: \_\_\_\_\_

Have you ever been convicted of a drug-related crime? ( ) Yes ( ) No Specify: \_\_\_\_\_

### EDUCATION

High School Attended and Location	No. Of Years Completed	Did you graduate?
-----------------------------------	------------------------	-------------------

_____	_____	_____
-------	-------	-------

College Attended & Location	No. Of Years Completed	Did you graduate? Degree
-----------------------------	------------------------	--------------------------

_____	_____	_____
-------	-------	-------

Trade, Business or Other Training	No. Of Years Completed	Did you graduate? Degree
-----------------------------------	------------------------	--------------------------

_____	_____	_____
-------	-------	-------

### PERSONAL REFERENCES:

Name _____	Address _____	Home phone: _____ Work phone: _____
------------	---------------	--

Name _____	Address _____	Home phone: _____ Work phone: _____
------------	---------------	--

Name _____	Address _____	Home phone: _____ Work phone: _____
------------	---------------	--

---

**WORK HISTORY**

May we contact your present employer? ( )Yes ( )No

**Previous employer:** (most recent first) \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Name &amp; Position of Immediate Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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

**Previous employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Name &amp; Position of Immediate Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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

**Previous employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Name &amp; Position of Immediate Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that any falsification, omission, or misrepresentation is grounds for refusal to hire and for termination if information is discovered after the hire date. I authorize Acres North Animal Hospital to make an investigation of any of the facts set forth in this application.

I understand that employment at Acres North Animal Hospital is "at will," which means that either I or Acres North Animal Hospital can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that if I fail to pass my required drug test within the first 90 days of employment, the fee for the test must be reimbursed to Acres North Animal Hospital from my final paycheck.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Acres North Animal Hospital, I hereby authorize past employers and/or educational institutions to release information about my work and educational history for use in determining my qualifications for this position.

You may release or verify the following items:

- Any information requested

Past Employers:

- Salary history  
 Dates of employment  
 Positions held  
 Duties and responsibilities  
 Reasons for leaving  
 Eligibility for rehire

Educational Institutions:

- Years of attendance  
 Degree Obtained  
 Transcript

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (printed): \_\_\_\_\_

Expiration Date for this release: \_\_\_\_\_

This information is to be released to:

Sharon Frampton, Practice Manager  
Acres North Animal Hospital  
16302 San Pedro  
San Antonio TX 78232  
210 494-3436  
210 494-9337 (fax)