

Tara Animal Hospital

611 Cheek Sparger Road
Colleyville, TX 76034
817-656-3300

Tara Animal Hospital is an Equal Opportunity Employer.

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.

It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Name: _____
Last First Middle

Present Address: _____
Street Apt #
_____ City State Zip

Home Phone Number: _____ Cell Phone Number _____

Employment Desired:

Position _____

Salary desired _____ Date Available to Start _____

Have you ever applied to this company before? _____ If yes, when? _____

Do you give us authorization to run a Criminal Record and Credit History Report? _____

May we contact your most recent employer? _____

Reason why you left (or are leaving) your most recent job? _____

Are you currently using any illegal drugs? ____ Yes ____ No

Any additional information you would like us to know _____

Our shifts are Monday, Tuesday, Thursday, Friday 7:45am-6:30pm; Wednesday 7:45am-7:30pm; and Saturday

7:45am-1pm. What is your availability? _____

| Education: | Name and Location of School | Years Attended |
|-------------------|------------------------------------|-----------------------|
| High School | _____ | _____ |
| College | _____ | _____ |
| Other | _____ | _____ |

Former Employers: List most recent first please

| Dates (mo/yr) | Name and Location | Phone | Salary and Position |
|---------------|-------------------|-------|---------------------|
| From: _____ | _____ | _____ | _____ |
| To: _____ | _____ | _____ | _____ |
| From: _____ | _____ | _____ | _____ |
| To: _____ | _____ | _____ | _____ |
| From: _____ | _____ | _____ | _____ |
| To: _____ | _____ | _____ | _____ |
| From: _____ | _____ | _____ | _____ |
| To: _____ | _____ | _____ | _____ |

References:

| | Name | Relationship | Phone |
|-----|-------|--------------|-------|
| 1.) | _____ | _____ | _____ |
| 2.) | _____ | _____ | _____ |
| 3.) | _____ | _____ | _____ |
| 4.) | _____ | _____ | _____ |

By signing below I certify that all of the information I have given is accurate and true. I also understand that if any of this information is false, misleading or if there are any material admissions, this is cause for immediate termination. Also by signing below I authorize you, the employer, to verify all of the information I have given you, including releasing my prior employers from any liability for verifying my information.

Date _____ **Signature** _____

For Office Use Only: Initials _____ Dept. _____ Date hired _____