



## NORTH STAR ANIMAL HOSPITAL

7227 San Pedro Avenue  
San Antonio, Texas 78216  
Phone: 210.342.7387

### Employment Application

We appreciate the time you spend completing this application. The following is requested so that we make best possible placement of employees within our practice. All portions of this application pertaining to you must be completed. NORTH STAR ANIMAL HOSPITAL is an Equal Opportunity Employer. This practice is accordance with state and federal laws and does not discriminate on the basis of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or any other non-merit characteristic protected by law.

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First M.I. MM DD YYYY*

Address: \_\_\_\_\_  
*Street Address Apt or Unit #*

\_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What date are you available to work? \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position(s) you are applying for: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Are you a citizen of the United States? Yes  No

If you are not a U.S. citizen, are you authorized to work in the U.S.? Yes  No

Have you ever been employed with us before? Yes  No

If yes, when were you employed with us? \_\_\_\_\_

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

Have you been convicted of a felony or misdemeanor? (Do not include information about arrests that did not result in a conviction) Yes  No

**A "conviction" includes pleas, verdicts and findings or admissions of guilt, regardless of whether a sentence was imposed by a court and includes dispositions such as deferred adjudication.**

**(Note: A conviction will not necessarily disqualify an applicant for employment. A false statement will. The circumstances of the conviction, including the nature of the offense, the date of the**

**conviction and number of convictions will be considered in light of the position that you are seeking.)**

If yes, please explain the circumstances surrounding the conviction: \_\_\_\_\_

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Are you currently awaiting trial for a misdemeanor or felony arrest for which you are out on bail or on your own recognizance pending trial? Yes  No

If yes, please explain: \_\_\_\_\_

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Are you now or have you ever been a member of any animal rights group? Yes  No

If yes, please explain: \_\_\_\_\_

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### Availability

Do you prefer part-time or full-time hours? \_\_\_\_\_

Are you willing to work overtime? Yes  No

Using the table below, please state the **earliest time** and/or **latest time for each day of the week that you are available to work**. Please indicate AM, PM or military time format. If you are not available to work during a certain day, please write "N/A" in the appropriate field.

Day of the Week	Earliest Available Time	Latest Available Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Are you able to perform the duties for the job which you are applying *with* or *without* reasonable accommodation? Yes  No

**We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants to perform essential functions.**

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

### References

*Please list three professional references:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Employment

Are you currently employed? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this supervisor and/or company for reference? Yes  No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this supervisor and/or company for reference? Yes  No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this supervisor and/or company for reference? Yes  No

In addition to your work history, list any other experience, skills, training, licenses or qualifications you have for the job for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

**Disclaimer and Signature – Please read thoroughly before signing.**

"I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or that I may be dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in United States will disqualify me from employment. I also understand that in the event of an offer of employment, a check of my criminal background and drug test may be required and I will consent to such background check and drug testing. I authorize investigation of all statements contained in this application and the educational institutions, employers and references listed (unless otherwise stated) to give you any or all information they have, personal or otherwise, and release the educational institutions, employers and references from all liability for any damage that may result from the utilization of such information. I understand that, if hired, my status will be of an employee at will, with no contractual right, express or implied, to remain employed. I specifically agree that my employment may be terminated at any time, with or without cause or notice, at the option of the either the employer or myself. I understand that no one, other than the owner of the practice, in writing, may enter into any agreement for employment on by behalf or make any agreement contrary to the forgoing. *I understand that by submitting this application, NORTH STAR ANIMAL HOSPITAL is not obligated to hire me. THIS APPLICATION WILL EXPIRE AFTER 30 DAYS.*"

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