



DeZavala-Shavano Veterinary Clinic
4408 Lockhill Selma Rd
San Antonio, TX 78249
210-699-3939
210-691-2684 Fax

Employment Application

(Please Print)

Personal Information

Name (Last, First Name and Middle Initial):		Social Security #:	Date:
Current Address:	City:	State:	Zip Code:
Permanent Address (if different than above):	City:	State:	Zip Code:
Home Phone No.: () -	Cell Phone No.: () -	Alt. Phone No.: () -	

Employment Desired

Position:	Date You Can Start:	Desired Salary:
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you applied here before? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, when?	
If applying for a specific posted job position:	Did you receive a copy of the position's work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive the position's job description? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your interest in applying for a job position with us?		

Education History

Name	Location	No. Years Completed	Did You Graduate?	Subjects Studied
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
College			<input type="checkbox"/> yes <input type="checkbox"/> no	
Other Schooling			<input type="checkbox"/> yes <input type="checkbox"/> no	
Other Schooling			<input type="checkbox"/> yes <input type="checkbox"/> no	

Application continued on reverse side.

Previous Employment (Brought a resume? yes no If yes, please turn it in with this application)

Date (Month & Year)	Name and Phone # of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

References (List three people you have known at least one year who are not related to you.)

Name	Business	Phone Number

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the DeZavala-Shavano Veterinary Clinic (hereafter referred to as Clinic) from all liability for any damage that may result from utilization of such information.

I understand a criminal background check may be performed using my personal information to determine my acceptability for employment. By signing below I authorize the Clinic to conduct investigation inquiries into state and federal criminal records and allow release of criminal records from such agencies to the Clinic.

I also understand and agree that no representative of the Clinic has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Clinic representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____ Date: _____