

Barker Cypress Animal Clinic
9740 Barker Cypress Road Ste 101
Cypress, Texas 77433
281-858-7511 Office
281-858-0402 Fax

Name (Last)	(First)	(Middle Initial)	Home Phone
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone
E-mail Address		Are you authorized to work in the U.S.A. Yes___ No___	

POSITION

Position or Type of Employment Desired	Will Accept: ___Part-Time ___Full-Time ___Temporary	Shift: ___Day ___Swing ___Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes___ No___		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education Development (GED) Test Passed Yes___ No___ If no, list the highest grade completed_____						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree and Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From					
	To					
	From					
	To					
	From					
	To					
Occupational License, Certificate or Registration	Number		Where Issued		Expiration Date	
Occupational License, Certificate or Registration	Number		Where Issues		Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English						

REFERENCES (Do not include relatives)

Name	Address, City and State	Telephone	Profession

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone Number
Address		From (Month/Year
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? Yes___ No__

Employer		Telephone Number
Address		From (Month/Year
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
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		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? Yes___ No___

BACKGROUND (Arrests and/or Convictions – do not include traffic violations)

Have you ever been convicted of any misdemeanors or felonies?	Yes___	Type	Result	Offense	Year
	No___	Felony ___ Misdemeanor ___	Expunged ___ Convicted ___		

I certify the information contained in this application is true, correct, and complete, to the best of my memory. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____