

**West Loop  
Animal Hospital**

1301 W. Loop 281  
Longview, TX 75604  
Telephone: 903-759-6604



**Animal Clinic  
At The Crossings**

166 FM 2751  
Longview, TX 75608  
Telephone: 903-663-5111

**Application for Employment**

***\*\*Please answer all questions\*\****

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

Position applying for: \_\_\_\_\_ Full time or Part time? \_\_\_\_\_

Desired salary: \_\_\_\_\_ Date you can start? \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you currently employed now? \_\_\_\_\_ If so may we contact them? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Education:**

<b>Schools Attended</b>	<b>Did you Graduate?</b>	<b>Major or Special Studies</b>

Professional Licenses/Certificates: \_\_\_\_\_

What special skills do you think you could bring to our hospital?

\_\_\_\_\_

**Previous Employment History:**

Employer & Supervisor/Manager	Dates	Pay Rate	Job Title	Reason for leaving

**Please list 3 people that you have either worked for or worked with for a reference:**

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

How do you know them? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

How do you know them? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

How do you know them? \_\_\_\_\_

*\*\*This office does not discriminate any applicant because of age, color, religious creed, national origin, ancestry, physical or mental handicap, or military status. Please do not include any of this information on this application. If hired, you will be required to provide verification of any information reported on this application. \*\**

**We are an EOE (Equal Opportunity Employer)**

**READ BEFORE SIGNING:**

I authorize West Loop Animal Hospital to obtain certain information about me from any previous employer and schools. I authorize my previous employers and schools, which I have attended, to disclose to West Loop Animal Hospital such information about me as West Loop Animal Hospital may request. I also do hereby certify that all information contained in this application is true and complete. I give permission to West Loop Animal Hospital to contact all sources necessary to verify this information. I understand that if I am hired, any false or incomplete information in this application will be sufficient grounds for immediate discharge.

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

Fax 903-759-2114  
www.westloopvets.com  
Email: info@westloopvets.com

Fax: 903-663-6282  
www.accvets.com  
Email: info@accvets.com