



2500 E. Hwy 290
Dripping Springs, TX 78620
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Application for Employment

Date: _____ Position Applying For: _____

Name: _____ Email: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Education

High school: _____ Did you graduate? ___ yes ___ no

College: _____ Did you graduate? ___ yes ___ no

Other education: _____ Did you graduate? ___ yes ___ no

List any special training or certifications: _____

Employment History

1) Company: _____

Phone: _____ Position: _____

Dates of employment: (from) _____ (to) _____

May we contact? ___ yes ___ no

2) Company: _____

Phone: _____ Position: _____

Dates of employment: (from) _____ (to) _____

May we contact? ___ yes ___ no

3) Company: _____

Phone: _____ Position: _____

Dates of employment: (from) _____ (to) _____

May we contact? ___ yes ___ no

References

- 1) Name: _____ Business: _____
Address: _____
Phone: _____ Years Acquainted: _____
- 2) Name: _____ Business: _____
Address: _____
Phone: _____ Years Acquainted: _____
- 3) Name: _____ Business: _____
Address: _____
Phone: _____ Years Acquainted: _____

Additional Information

- 1) Are you legally eligible to work in the U.S.? _____
- 2) Have you ever been convicted of a felony? _____
- 3) Are you seeking a full time or part time position? _____
- 4) What responsibilities of your last job have prepared you for the position for which you are applying? _____

- 5) What interests you about Lone Star Animal Hospital? _____

- 6) What are you passionate about? _____

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Signature of Applicant

Date