

Wedgwood Animal Hospital

5220 Woodway Dr.
Fort Worth, Texas 76133
817-292-3100
Fax # 817-294-1931

wedah@wedgwoodvet.com

Wedgwood Animal Hospital is a drug-free work environment. A pre-employment drug-free screen test will be required of all applicants. Wedgwood Animal Hospital reserves the right to perform random drug screen testing.

We appreciate your interest in employment and assure you that we are interested in your qualifications. An understanding of your background and work history is necessary for us to properly place you in an available position. Please answer all of the following questions as honestly as you can. Thank you.

Date: _____ Social Security # _____

Name: _____
(Last) (First) (Middle)

Current Address: _____

Home Phone Number: _____ Emergency Phone: _____

Position Applied: _____ Hourly Wage Expected: _____

Would you work full time _____ Part time? _____

Are you willing to work weekends? _____ Date available to start _____

Have you ever been indicted or convicted of a felony? (If yes, please explain)

Is there any reason you would be unable to take or process radiographs? (If yes, please explain)

Work experience, skills, or qualifications that would be beneficial to your employment

Education History

List High Schools, Colleges, Business or Trade Schools

<u>Name of School</u>	<u>Dates Attended</u>	<u>Graduation</u>	<u>Grade Ave.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you type? _____ Do you use a computer? _____ Do you use a calculator? _____

Do you use an Idexx Chemistry/CBC Machine? _____ Do you use a microscope? _____

I authorize Wedgwood Animal Hospital to make any investigation of my personal, or employment history. I authorize any former employer, firm, corporation or government agency to give Wedgwood Animal Hospital, any information regarding me. I release Wedgwood Animal Hospital and all providers of information from any liability as the result of providing and receiving such information.

Signature Date

Work History

(Begin with the most recent, showing starting dates and ending dates)

Name of Company _____ Job Title _____

Address _____ Phone # _____

Immediate Supervisor _____ Phone # _____

Date(s) Employed _____ Starting Wage _____ Ending Wage _____

Description of Duties

Reason for Leaving _____

Name of Company _____ Job Title _____

Address _____ Phone # _____

Immediate Supervisor _____ Phone # _____

Date(s) Employed _____ Starting Wage _____ Ending Wage _____

Description of Duties

Reason for Leaving _____

Name of Company _____ Job Title _____

Address _____ Phone # _____

Immediate Supervisor _____ Phone # _____

Date(s) Employed _____ Starting Wage _____ Ending Wage _____

Description of Duties

Reason for Leaving _____

Upon inquiry, I hereby authorize you, my former employer, to furnish information concerning my personal background or employment records and I release all such parties from any liability for having provided such information. I warrant that the above information is true and correct and that if found to be false may result in my dismissal.

Signature

Date

**Wedgwood Animal Hospital
Dr. Steve Lozzi
5220 Woodway Dr.
Fort Worth, Texas 76133**

New Employee Application Release of Information

I authorize Wedgwood Animal Hospital to make any investigation of my personal or employment history. I authorize any former employer, person(s), firm, corporation, or government agency, to give Wedgwood Animal Hospital any information regarding me. I release Wedgwood Animal Hospital and all providers of information from any liability as the result of furnishing and receiving this information.

Signature

Date

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Pre-Employment and Random Drug Screening

I understand that Wedgwood Animal Hospital enforces a drug-free work environment and that I will be subject to random drug screening throughout my employment at Wedgwood Animal Hospital. I also understand that a failure to comply with this policy will constitute grounds for termination of my employment.

Signature

Date