



Long Meadow
VETERINARY CLINIC

7909 W Grand Parkway S #230
Richmond, TX 77407
(832) 847-4170
www.longmeadowvetclinic.com

Employment Application

Cinco Ranch Pet Vet Wellness Clinic, LLC (DBA Long Meadow Veterinary Clinic), hereafter referred to as Long Meadow Veterinary Clinic or the employer, is an **Equal Opportunity Employer** and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or veteran status. Please fill out the entire application, and **do not leave questions blank**. If a question is not applicable you may enter "NA".

Personal Information:

Full Name: _____

Any Previous Names: _____

Current Street Address: _____

Mailing Address (if different from current): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Position Applying For: _____ Rate of Pay Desired: _____

Availability:

When Can You Start? _____

When Will You Be Willing To Work? (Select all that apply)

Full Time Part Time Temporary/Summer AM PM Weekends Overtime

What days/times are you unable to work? _____

Eligibility:

Are you a US citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

(Documentation will be required to authenticate) Yes No

Date of Birth: (documentation required for legal age restrictions) _____

Current Driver's License #: (if applicable for position) _____

Have you had your driver's license revoked or suspended in the last 3 years? Yes No

Have you ever been convicted of a misdemeanor, felony, or subjected to a deferred adjudication on any charge? If your answer is "yes", please submit a separate sheet of paper explaining in detail the situation including: dates and nature of offense, the name and location of the court, and the disposition of the case(s). A conviction may disqualify you, but falsifying the information on the application will disqualify you automatically. Yes No



Education:

Please include all education from high school until present day including certificates/degree's achieved, participation skill based training programs, and any education currently in progress. You may attach an additional sheet if you need additional room.

School: _____ **Years of Attendance:** _____

Area of Study: _____ **Degree/Certificate:** _____

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Area of Study: _____ **Degree/Certificate:** _____

School: _____ **Years of Attendance:** _____

Area of Study: _____ **Degree/Certificate:** _____

School: _____ **Years of Attendance:** _____

Area of Study: _____ **Degree/Certificate:** _____

LVT/RVT: Yes No

CVA: Yes No

Employment History:

Total Years of Experience Working in Veterinary Medicine Field: _____

Please list your places of employment starting with your most recent employer. You may include additional positions if you feel they are relevant. You may include volunteer positions or positions that were part of your education or training even if unpaid.

Employer: _____ **Dates of Employment:** _____

Address: _____

Phone: _____ **Supervisor:** _____

Position: _____ **Ending Wage:** _____

Reason For Leaving: _____ **May We Contact:** Yes No

Employer: _____ **Dates of Employment:** mm/yy-mm/yy

Address: _____

Phone: _____ **Supervisor:** _____

Position: _____ **Ending Wage:** _____

Reason For Leaving: _____ **May We Contact:** Yes No



Employer: _____ **Dates of Employment:** _____
Address: _____
Phone: _____ **Supervisor:** _____
Position: _____ **Ending Wage:** _____
Reason For Leaving: _____ **May We Contact:** Yes No

Employer: _____ **Dates of Employment:** _____
Address: _____
Phone: _____ **Supervisor:** _____
Position: _____ **Ending Wage:** _____
Reason For Leaving: _____ **May We Contact:** Yes No

Employer: _____ **Dates of Employment:** _____
Address: _____
Phone: _____ **Supervisor:** _____
Position: _____ **Ending Wage:** _____
Reason For Leaving: _____ **May We Contact:** Yes No

Skills/Knowledge:

Please fill in the information requested or select the level most consistent with your current skills/knowledge in each area. All experience levels will be considered, but this will assist us in your placement, training, and scheduling if selected for a position.

- | | |
|---|--|
| Communication Skills: Choose an item. | Interpersonal Skills: Choose an item. |
| Analytical Problem Solver: Choose an item. | Prioritizing Multiple Tasks: Choose an item. |
| Computer Literacy: Choose an item. | Time Management: Choose an item. |
| Proficiency with Microsoft Office Programs (Word, Excel, Etc): Choose an item. | |
| Typing Speed (free wpm test at www.typingtest.com): Speed in Words per Minute. | |

All of the following areas apply to Small Animal Medical/Health Skills and Knowledge:

- | | |
|--|---|
| Canine Restraint: Choose an item. | Feline Restraint: Choose an item. |
| Husbandry: Choose an item. | Physiology: Choose an item. |
| Behavior: Choose an item. | Life Stages: Choose an item. |
| Vaccine Protocols: Choose an item. | Infectious Diseases: Choose an item. |
| In-house Blood Work: Choose an item. | Urinalysis with Cytology: Choose an item. |
| Fecal Examinations: Choose an item. | Skin/Ear Cytology: Choose an item. |
| Anesthesia Induction/Monitoring: Choose an item. | Dental Prophylaxis: Choose an item. |
| Surgical Assistant: Choose an item. | Euthanasia: Choose an item. |



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Language Skills:

Do you speak a language other than English? No Yes

If yes, what language? _____

: cf'nci f'VYghgYVcbX'Ub[i U[Y'fcb'9b['j\k \Uh]g'nci f'g_]''Yj Y'.

References:

Please provide at least 2 references who are not family members. You may provide additional.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please list any friends or relatives currently or previously employed by Long Meadow Veterinary Clinic: _____

When you have completed the application you must **print out the application** so that you can initial and sign the statements in the last section. You can return the entire signed application via email (drmichellewithrow@longmeadowvetclinic.com), fax, or in person. Your application will be kept in a secure location **on file for 12-24 months from the date it is received** regardless of your employment status.

Please read the following statements completely and initial each statement. Your initials and signature on this application indicates your understanding and acceptance of these statements. If you have any questions or concerns about this application or these statements please address them with Michelle Withrow BEFORE signing this application.

_____ I certify that all of the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal of hire or, if hired, termination.



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_____ I understand that, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.A.

_____ I understand that, as a condition of employment consideration, I will be required to consent to a complete background check and drug screening. I understand that, if hired, Long Meadow Veterinary Clinic, may terminate my employment due to any negative results found on any of these pre-employment policies. Some examples may be but are not limited to Felony, Misdemeanor, Substance Abuse, Harassment, Physical Abuse, Theft, Burglary, etc.

_____ I understand that the State of Texas requires all males who are 18 through 25 to register with the Selective Services, and I will be required to present either proof of registration or exemption from registration upon hire.

_____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

_____ I understand that there is no express or implied contract of employment, and that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause—the employer’s only obligation being to pay salary or wages due and owing at the time of termination.

_____ I understand that all company property must be returned and my debt to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

_____ I understand that some of the conditions in this workplace are especially hazardous to women who are pregnant or people who are immunocompromised. This includes radiology, anesthesia, some medications used, and some potential infectious diseases encountered in daily interaction with animals. I understand that I am not required to report any change in my health status to my employer, but if I chose to report my condition to my supervisor it will be kept private. I will be informed of the risks in this workplace and placed in a position that minimizes the risks I am exposed to as much as possible.

Prospective Employee Printed Name

Prospective Employee Signature

Date