

**Gulf Coast Veterinary Surgery, Orthopedics and Neurology**  
**Gulf Coast Rehab and Fitness**  
**Gulf Coast Avian and Exotics**

**APPLICATION FOR EMPLOYMENT**

Pre-employment Questionnaire – An Equal Opportunity Employer

**PERSONAL INFORMATION:**

Name (Last)	(First)	MI	Home Telephone ( )
Address (Mailing)	City	State	Zip
E-Mail Address	SS #:	Are you 18 years or older? Y N	Other Telephone

**POSITION:**

Position desired:	Are you able to perform the essential functions of the job you are applying for? Y N	Are you legally entitled to work in the U.S.? Y N
Salary desired:	Approximately how many words do you type per minute?	Who referred you to this company?
Date Available:	Are you currently employed?	May we contact your employer?

**EDUCATION AND TRAINING:**

High School Graduate? Yes No or General Education (GED) Test Passed? Y N

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate?	Degree?	Major or subject
		Y N		
		Y N		
		Y N		

Occupation License, Certificate or Registration	Where Issued?	Expiration Date:
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Languages Read, Written or Spoken fluently other than English?

**VETERAN INFORMATION:**

Branch of Service:

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

**SPECIAL SKILLLS: (List all personal skills and equipment that you can operate)**

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**WORK EXPERIENCE: (Most recent first) Include voluntary work and military experience)**

Employer	Telephone Number ( )	From: Month/Year
Job Title	Number of Employees Supervised?	To: Month/Year
Name of Supervisor:	Title:	May we contact Supervisor? Yes No
Last salary:	Start salary:	Reason for Leaving?
Specific Duties:		
Employer	Telephone Number ( )	From: Month/Year
Job Title	Number of Employees Supervised?	To: Month/Year
Name of Supervisor:	Title:	May we contact Supervisor? Yes No
Last salary:	Start salary:	Reason for leaving?

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Employer	Telephone Number ( )	From: Month/Year
Job Title	Number of Employees Supervised?	To: Month/Year
Name of Supervisor:	Title:	May we contact Supervisor? Yes No
Last salary:	Start salary:	Reason for leaving?

Specific Duties:

Employer	Telephone Number ( )	From: Month/Year
Job Title	Number of Employees Supervised?	To: Month/Year
Name of Supervisor:	Title:	May we contact Supervisor? Yes No
Last salary:	Start salary:	Reason for leaving

Specific Duties:

**REFERENCES:**

<p>Name: Address: Phone:</p> <p>Name: Address: Phone:</p>
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Name  
Address:  
Phone:

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?        Y    N

If yes, please explain, giving the dates and the nature of the offense:

“I certify that all 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 may be grounds for refusal to hire or, if hired, termination.

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 also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

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Signature

Date