



Texas Gulf Coast Veterinary Management Application for Employment Equal Opportunity Employer

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION FORM

Texas Gulf Coast Veterinary Management, d.b.a. Texas Gulf Coast Veterinary Specialists (hereinafter simply "TGCVS"), is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status or any other basis that is prohibited by federal, state or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. You must personally complete the application for it to be considered.

PERSONAL

Last Name:	First Name:	Middle:
Present Address:	City, State, Zip Code	Telephone Home: Cell:
E-Mail address:	Last Four Digits of Social Security # XXX - XX - ____ - ____	

EDUCATION & TRAINING

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12				Did you graduate from high school or receive GED? Yes No	
Type of School	Name and Location of School	Dates Attended/ Graduation Date	Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
Undergraduate Colleges or Universities					
Technical, Vocational or Business Schools					
Graduate Schools					

SKILLS

Typing: Yes No WPM _____	Personal Computer Yes No Model/Software?
Other-Describe Specialized Training, Apprenticeship, Other Skills, etc.:	

EMPLOYMENT HISTORY - IMPORTANT! Give name and address of last three (3) employers, beginning with your present or last employers:

Current/Last Employer	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Final Positions Title
City, State, Zip Code	Last Supervisor's Name		Phone No. May we contact this employer Yes No
Position Description:		Reason for Leaving	
Previous/Last Employer	Start Date	Start Salary	Initial Position Title
Street Address	End Date	Final Salary	Final Positions Title
City, State, Zip Code	Last Supervisor's Name		Phone No. May we contact this employer Yes No
Position Description:		Reason for Leaving	
Previous/Last Employer	Start Date	Start Salary	Initial Position Title
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City, State, Zip Code	Last Supervisor's Name		Phone No. May we contact this employer Yes No
Position Description:		Reason for Leaving	

TEXAS GULF COAST VETERINARY MANAGEMENT
d.b.a. TEXAS GULF COAST VETERINARY SPECIALISTS

**DISPUTE RESOLUTION PLAN
NOTICE OF EMPLOYMENT APPLICATION**

By completing and submitting this application for employment with TEXAS GULF COAST VETERINARY MANAGEMENT d.b.a. TEXAS GULF COAST VETERINARY SPECIALISTS, I understand and agree that:

TEXAS GULF COAST VETERINARY MANAGEMENT d.b.a. TEXAS GULF COAST VETERINARY SPECIALISTS (the "Company"), has a Dispute Resolution Plan, which is incorporated by reference in this application. This Plan is the required and exclusive way for applicants, Employees and the Company to resolve any and all disputes. I agree to resolve any dispute between the Company and me arising out of this application or, if the Company hires me, out of my employment, through the Dispute Resolution Plan, which includes binding arbitration as a final step.

APPLICANT

SIGNATURE OF APPLICANT

DATE

PARENT/LEGAL GUARDIAN (IF UNDER 18 AND UNMARRIED)

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18 & UNMARRIED)

PRINTED NAME OF PARENT/LEGAL GUARDIAN

DATE

RELATIONSHIP