

Animal Welfare Society of Kerr County, Texas  
Freeman-Fritts Animal Clinic & Shelter  
Employment Application  
**(PLEASE PRINT)**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Days/hours available to work: \_\_\_\_\_ Requested Starting Wage: \_\_\_\_\_

**Contact Information**

Full Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Drivers License #: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Personal Information**

Have you ever been convicted of any crime? Yes \_\_\_\_ No \_\_\_\_ If yes, Please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical conditions that may require accommodations in order to perform the  
required tasks of the job? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any reason that you would not be able to work scheduled hours? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Do you have any prior experience working with dogs or cats? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been injured on the job? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any previous experience/training/skills with animals or with veterinarian health care?  
\_\_\_\_\_  
\_\_\_\_\_

Did you complete High School? Yes \_\_\_\_ No \_\_\_\_ School \_\_\_\_\_  
If not, did you receive your GED? Yes \_\_\_\_ No \_\_\_\_

Are you familiar with computers, data entry, or word processing? Yes \_\_\_\_ No \_\_\_\_

Are you licensed to practice a specific trade or profession? Yes \_\_\_\_ No \_\_\_\_  
If so, what? \_\_\_\_\_

**Post High School Education**

Name/Location \_\_\_\_\_ Hrs. Degree \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_ Grad. Date \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**Work Experience**

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Salary/Wage \_\_\_\_\_ Ending Salary/Wage \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ His/Her Title \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Salary/Wage \_\_\_\_\_ Ending Salary/Wage \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ His/Her Title \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

If there are more, please attach additional sheets to the back of this application.

**References**

List three (3) persons **not related to you** who know of your qualifications.

	<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I attest that all statements on this application are true.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Animal Welfare Society of Kerr County, Texas, also known as Freeman-Fritts Animal Clinic & Shelter to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Animal Welfare Society of Kerr County, Texas, also known as Freeman-Fritts Animal Clinic & Shelter will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be carried out, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed