



## Application for Employment

Texas Equine Hospital  
 13688 South State Highway 6  
 Bryan, TX 77807  
 979-778-2529 • FAX 979-778-778-4358

Complete Applicant Name: \_\_\_\_\_

Present address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How many hours can you work weekly: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Employment desired:

Full-time only     Part-time only     Full- or Part-time

Days/hours available to work:	
No Preference:	_____
Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
Saturday:	_____
Sunday:	_____

### EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL LOCATION	FIRST & LAST YEAR ATTENDED IN SCHOOL	DATE GRADUATED	DEGREE OR CERTIFICATION	GRADE POINT AVERAGE
High School	_____				
College	_____				
College	_____				
Graduate School	_____				

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability. \_\_\_\_\_

What is your experience with horses personally and/or professionally: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your long-term goals: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES- NON RELATIVE** (Name and phone number): 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

## WORK HISTORY

Name of Company (Most Recent)	Complete Address (Street, City, State, Zip)	Phone Number (      )
Supervisor's Name	Type of Business	FULL TIME PART TIME
Briefly describe your job responsibilities and accomplishments: _____		Date Started: Salary                  PER
		Date Left: Salary                  PER
Job Title Held: _____		
Reason for Leaving: _____		

Name of Company (Most Recent)	Complete Address (Street, City, State, Zip)	Phone Number (      )
Supervisor's Name	Type of Business	FULL TIME PART TIME
Briefly describe your job responsibilities and accomplishments: _____		Date Started: Salary                  PER
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Supervisor's Name	Type of Business	FULL TIME PART TIME
Briefly describe your job responsibilities and accomplishments: _____		Date Started: Salary                  PER
		Date Left: Salary                  PER
Job Title Held: _____		
Reason for Leaving: _____		

The information given by me is certified to be true and complete for all practical purposes. It may be certified by Texas Equine Hospital. Should a position be offered and later is found that information provided in the application process is significantly untrue, incomplete or misrepresented, I understand and agree that Texas Equine Hospital is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment may be dependent upon my examination at company expense.

\_\_\_\_\_  
Signature    Date

Is there any reason you may be unable to perform the physical demands of the job?      No       Yes

Do you have any prior/past injuries that would keep you from performing your duties?      No       Yes

I give Texas Equine Hospital permission to take a photograph of me upon completion of an employment application. I understand this photograph will not be used as a deciding factor when being considered for a job position nor will it be shared or published with any other persons or entities.

\_\_\_\_\_  
Signature    Date