

**Wedgwood Animal Hospital**

5220 Woodway Dr.  
Fort Worth, Texas 76133  
817-292-3100  
Fax # 817-294-1931  
wedah@wedgwoodvet.com

Wedgwood Animal Hospital is a drug-free work environment. A pre-employment drug-free screen test will be required of all applicants. Wedgwood Animal Hospital reserves the right to perform random drug screen testing. We appreciate your interest in employment and assure you that we are interested in your qualifications. An understanding of your background and work history is necessary for us to properly place you in an available position. Please answer all of the following questions as honestly as you can. Thank you.

Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Position Applied: \_\_\_\_\_ Hourly Wage Expected: \_\_\_\_\_

Would you work full time \_\_\_\_\_ Part time? \_\_\_\_\_

Are you willing to work weekends? \_\_\_\_\_ Date available to start \_\_\_\_\_

Have you ever been indicted or convicted of a felony? (If yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason you would be unable to take or process radiographs? (If yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Work experience, skills, or qualifications that would be beneficial to your employment  
\_\_\_\_\_  
\_\_\_\_\_

**Education History**  
List High Schools, Colleges, Business or Trade Schools

<u>Name of School</u>	<u>Dates Attended</u>	<u>Graduation</u>	<u>Grade Ave.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you type? \_\_\_\_\_ Do you use a computer? \_\_\_\_\_ Do you use a calculator? \_\_\_\_\_

Do you use an Idexx Chemistry/CBC Machine? \_\_\_\_\_ Do you use a microscope? \_\_\_\_\_

I authorize Wedgwood Animal Hospital to make any investigation of my personal, or employment history. I authorize any former employer, firm, corporation or government agency to give Wedgwood Animal Hospital, any information regarding me. I release Wedgwood Animal Hospital and all providers of information from any liability as the result of providing and receiving such information.

\_\_\_\_\_  
Signature Date

## Work History

(Begin with the most recent, showing starting dates and ending dates)

Name of Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Upon inquiry, I hereby authorize you, my former employer, to furnish information concerning my personal background or employment records and I release all such parties from any liability for having provided such information. I warrant that the above information is true and correct and that if found to be false may result in my dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Wedgwood Animal Hospital  
Dr. Steve Lozzi  
5220 Woodway Dr.  
Fort Worth, Texas 76133**

**New Employee Application Release of Information**

**I authorize Wedgwood Animal Hospital to make any investigation of my personal or employment history. I authorize any former employer, person(s), firm, corporation, or government agency, to give Wedgwood Animal Hospital any information regarding me. I release Wedgwood Animal Hospital and all providers of information from any liability as the result of furnishing and receiving this information.**

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**Signature**

**Date**

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**Pre-Employment and Random Drug Screening**

**I understand that Wedgwood Animal Hospital enforces a drug-free work environment and that I will be subject to random drug screening throughout my employment at Wedgwood Animal Hospital. I also understand that a failure to comply with this policy will constitute grounds for termination of my employment.**

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**Signature**

**Date**