



West Alabama Animal Clinic  
2030 West Alabama  
Houston TX 77098  
713.528.0818  
[walabamaac@yahoo.com](mailto:walabamaac@yahoo.com)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a U.S. citizen or alien authorized to work in the U.S.? YES or NO

List three short-term goals: \_\_\_\_\_

List three long-term goals: \_\_\_\_\_

**JOB SPECIFICATIONS**

Position applying for: \_\_\_\_\_ FULL TIME or PART TIME

Available Some Weekends and Holidays? YES or NO Schedule Limitations: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Hourly Wage Desired: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Any specialty training related to this position? YES or NO If so, list: \_\_\_\_\_

**JOB REQUIREMENTS**

Have you ever been convicted of a crime? YES or NO If so, explain: \_\_\_\_\_

Any physical limitations keeping you from performing the job you are applying for? YES or NO

If so, explain: \_\_\_\_\_

Are you capable/comfortable handling fractious, hurt, sick or terminal animals? YES or NO

Management may drug test applicants upon consideration of employment. Do you concede to these tests? YES or NO

Signing below confirms that all information is correct and complete and that you understand and accept our drug testing agreement.

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

**FORMER EMPLOYEMENT**

Name of Company:

Dates of Employment:

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Supervisor Name and Number:

Reason for Leaving:

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Dates of Employment:

---

Supervisor Name and Number:

Reason for Leaving:

---

Name of Company:

Dates of Employment:

---

Supervisor Name and Number:

Reason for Leaving:

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**REFERENCES**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_