

**ANIMAL MEDICAL CENTER**

**APPLICATION FOR EMPLOYMENT**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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

**APPLICANT INFORMATION:**

Last Name		First Name		Middle Name	
Address (Number, City, State, Zipcode)				Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone: ( ) _____ Cell Phone: ( ) _____				Do you have the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License Number				Social Security Number	

Position Applying For: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

	Name of School & Address	Graduated	Number of Years	Course or Major
High School		Y / N		
College		Y / N		
Special Courses/ Training		Y / N		
Certifications		Y / N		

**GENERAL INFORMATION:**

Can you fulfill the job duties of the position for which you are applying as they have been described to you with or without a "reasonable" accommodation?	Y / N
Are you available for the work hours required of the position for which you are applying?	Y / N
Can your vacations be arranged at practice convenience? If no, please explain:	Y / N
Do you illegally use drugs?	Y / N
Date Available to Start:	
Salary Requirements:	(\$ /hour) (\$ /daily) (\$ /monthly)
Benefit Requirements:	
Please indicate your availability to work:	( )Days ( )Evenings ( )Weekends
Circle the days of the week you will NOT be available to work:	MON TUES WED THURS FRI SAT SUN

**EMPLOYMENT/ WORK EXPERIENCE:**

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment applications – **do not substitute with a resume.** List present or most recent position first.

Name of employer:	Address (Number, City, State, Zip)	Phone:
Employed: From and To (Month & Year)	Position(s) Held:	Supervisor's Name & Title
Average # of hours worked per week:	Rate of Pay: Starting & Ending	Your last name at time of employment:
Describe your duties:		
Give specific reasons for leaving:		
<b>May we contact this employer? ( ) Yes ( ) No</b>		

Name of employer:	Address (Number, City, State, Zip)	Phone:
Employed: From and To (Month & Year)	Position(s) Held:	Supervisor's Name & Title
Average # of hours worked per week:	Rate of Pay: Starting & Ending	Your last name at time of employment:
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Describe your duties:		
Give specific reasons for leaving:		
May we contact this employer? ( ) Yes ( ) No		

**EXPERIENCE AND SKILLS:**

Office Skills	Y/N	What is your skill level?			Clinical Skills	Y/N	What is your skill level?		
		Fair	Good	Excel.			Fair	Good	Excel.
Bookkeeping (computer)	Y/N				Urinalysis	Y/N			
Computer	Y/N				Blood Collection	Y/N			
Account Collections	Y/N				Take X-Rays	Y/N			
Treatment Presentation	Y/N				Injections, IV, etc.	Y/N			
Fee Presentation	Y/N				Anesthesia	Y/N			
Medical Terminology	Y/N				Fecal Tests	Y/N			
Appointment Scheduling	Y/N				Lab Tests	Y/N			
Filing	Y/N				Dog Restraint	Y/N			
Chart Noting	Y/N				Cat Restraint	Y/N			
Multi-Phone Line	Y/N				OSHA & Safety info.	Y/N			
Typing (WPM)	Y/N					Y/N			
	Y/N					Y/N			
	Y/N					Y/N			
	Y/N					Y/N			

**REFERENCES:**

1. Full Name: \_\_\_\_\_

Home or Business Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**\*\*Have you ever worked for a veterinarian before?** ( ) Yes ( ) No

**\*\*Do you enjoy meeting the public?** ( ) Yes ( ) No

**\*\*Do you own any pets?** ( ) Yes ( ) No

- Please list:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

**\*\*Have you ever been discharged by an employer?** ( ) Yes ( ) No

If so, give: Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for Discharge \_\_\_\_\_

**\*\*Would you have any difficulty lifting a 40 pound dog into a cage four feet off the floor?**

( ) Yes ( ) No

**\*\*Do you expect to be out of town any specific holidays?** ( ) Yes ( ) No

**\*\*Are you willing to do your share of weekend pet care?** ( ) Yes ( ) No

**\*\*Do we have your permission to check your references?** ( ) Yes ( ) No

**\*\*Why do you want to work with a veterinarian?**

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**\*\*Why should you be selected for the next available open position?**

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**PLEASE READ THE FOLLOWING AND SIGN BELOW**

**GENERAL AGREEMENT**

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

**EMPLOYMENT RELATIONSHIP**

If hired, I understand that employment with the practice is not for a specified term and can be terminated "AT WILL", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "AT WILL" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "AT WILL" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

**AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING**

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

**( ) I hereby waive my right to receive a copy of any public record(s) obtained from the prospective employer checking references.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_