

APPLICATION FOR VETERINARY OFFICE/HOSPITAL EMPLOYMENT

Date: _____ For what position are you applying? _____

Last	First	Middle
Address (Number, City, State, Zip)		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: () _____		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof will be required upon employment) Desired Starting Salary? _____ Previously Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____
Business Phone: () _____		

EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?		
			Fair	Good	Exc.				Fair	Good	Exc.
Keyboard Skills						CPR Training					
Bookkeeping						Urinalysis with sediment examination					
General Computer Skills						Blood Collection					
Word Processing						Take/Develop/Mount X-rays					
Excel						Injections, IV, etc.					
Single/Multi-line Phone Skills						Anesthesia					
Customer Service Skills						Fecal Tests					
Account Collections						Heart Worm Tests					
Treatment Presentation						Animal Restraint					
Fee Presentation						Leukemia Tests					
Medical Terminology						OSHA & Safety Regulations					
Insurance Processing						Client Education					
Appointment Scheduling						General Medication Knowledge (Basic Med.)					
Charting						Surgical Preparation, Monitoring, Assisting					
Avimark Experience						IDEXX Blood machines: Vet test, Vet Lab Station, Vet Stat. etc..					

EDUCATION

	Name of School and Address	Graduated	# of Years	G.P.A / Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		
Additional Special Courses or Training		Y / N		

CERTIFICATES OR LICENSES

	X-RAY	ASST	LPN	RN				CPR	Other
Certificate/License #									
Date Earned									
State Issued									
Current Through (give date)									

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you with or without a "reasonable" accommodation?	[] Yes [] No
Are you available for the work hours required of the position for which you are applying? Monday through Friday 9 am. to 6 pm. with occasional as needed weekend shift hours. If not please explain below.	[] Yes [] No
If applicable, do you have the required license(s) to perform the job?	[] Yes [] No
Do you have any experience with the veterinary program Avimark?	[] Yes [] No
Can your vacations be arranged at practice convenience? If no, please explain	[] Yes [] No
Do you illegally use drugs?	[] Yes [] No
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)	[] Yes [] No
Have you been vaccinated for rabies? If no, are you willing to be vaccinated for rabies before starting the position?	[] Yes [] No [] Yes [] No
Date available to start? _____ / _____ / _____	
Salary Requirements: \$ _____ /hour	
Please indicated your availability to work	[] Days [] Evenings _____ Days/wk _____ Hrs/wk Hours from _____ to _____
Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun	
Comments/ Details:	
Briefly describe why you would be a good fit for the position desired at this location?	

EMPLOYMENT / WORK EXPERIENCE

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

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

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Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 of disclosure of such information by the employer or any of its agents, employees or representatives.

Applicants Full Name: _____

Applicant's signature: _____

Date: _____

Application forms will be retained for a period of 3 years.

EMPLOYMENT / WORK EXPERIENCE CONTINUED

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