

Requirements for Employment

All applicants must possess the following to be considered for employment:

- Punctuality and ability to fully adhere to assigned schedule
- Flexible with scheduling and assignments
- Reliable transportation
- Ability to lift and carry forty (40) pounds unassisted
- Be able to sit or stand for extended periods
- Good verbal and written communication skills
- Professional appearance and demeanor in a fast-paced and eventful work environment, including telephone presence
- Positive attitude and team oriented work habits
- Responsible and mature individual, with a commitment to patient care and client service
- Consistent use of good judgment in atypical situation when guidance may not be available
- Detail oriented with ability to 'see ahead' and anticipate future and others' needs and act accordingly
- Take directions constructively
- Ongoing ability to learn new concepts and tasks
- Able to manage and complete multiple projects

After reviewing the above, please detach and keep for your records

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification. We will retain all submitted applications on file for 6 months.

Name: _____ Date: _____
Last First MI

Address: _____
Street City State Zip

Telephone Number: _____ Social Security Number: _____

Do you have the legal right to work in the United States? Yes ☐ No ☐ On an unrestricted basis? Yes ☐ No ☐

Have you applied here previously? Yes ☐ No ☐ How did you learn about this opening? _____

Do you have any pets? Yes ☐ No ☐ If so, what kind, and how many? _____

Seeking Part/Full Time? _____ Are there any hours, shifts or days you cannot work? _____

Shifts preferred: _____

Are you aware that working in a veterinary hospital may require extra hours or overtime some days in order to provide emergency care for patients? Yes ☐ No ☐ Are you willing to work these extra hours? Yes ☐ No ☐

Answer this questions only AFTER reviewing a job description of the job applied for:

Do you have a physical or medical condition which would limit your capacity or be aggravated by the job for which you have applied?
Yes ☐ No ☐

If yes, what can reasonably be done to accommodate your limitation?

Have you ever been convicted of a felony or any crime involving theft or assault? Yes ☐ No ☐

Note: A conviction will not necessarily disqualify an applicant for employment. The circumstances of any conviction will be considered in light of the position that you are seeking.

If yes, please describe the circumstances surrounding the conviction:

Name & Location of School	Graduated?	Degree	Major
High School: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
College/University: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Technical School: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Other Education or Training: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Professional References

Note: please list current/former employers, NOT friends or relatives:

Company Name	Address:	Telephone:	Supervisor:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

POSITION APPLYING FOR: _____

Wage or Salary desired? _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes ☐ No ☐

Most recent employer: _____

Address: _____ Telephone: _____

Start date: _____ Starting pay/hr: _____ Starting position: _____

End date: _____ Departing pay/hr: _____ Departing position: _____

Description of duties: _____

Name & Title of Supervisor: _____ Reason for leaving: _____

Most recent employer: _____

Address: _____ Telephone: _____

Start date: _____ Starting pay/hr: _____ Starting position: _____

End date: _____ Departing pay/hr: _____ Departing position: _____

Description of duties: _____

Name & Title of Supervisor: _____ Reason for leaving: _____

Most recent employer: _____

Address: _____ Telephone: _____

Start date: _____ Starting pay/hr: _____ Starting position: _____

End date: _____ Departing pay/hr: _____ Departing position: _____

Description of duties: _____

Name & Title of Supervisor: _____ Reason for leaving: _____

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our hospital?

1. _____

2. _____

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result in the utilization of any such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature: _____

Date: _____