



An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT
(Please print clearly)

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone _____
Street City State Zip

E-mail address _____

Position applied for _____ Rate of pay expected \$ _____ per hour/per month

Would you work _____ Full-time _____ Part-time Specify days and hours if part-time _____

List any friends or relatives working here _____

If your application is considered favorably, on what date will you be available to work? _____

List work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.
For jobs with minimum age requirements:

For driving jobs only:

Are you 18 years of age or older? yes no Do you have a valid driver's license? yes no

Driver's license number _____ State issued _____ Class of license _____

Have you ever had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof you are eligible to work in the United States? yes no

Have you ever been convicted of a felony? yes no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you applied will be considered.

If yes, please explain _____

Have you previously applied here? yes no If yes, when? _____

List other names you have used when previously employed (such as maiden name or married name)

Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

List Membership, Hobbies and other Activities. List memberships in professional organizations, hobbies, clubs, sports, or other activities with which you have been involved. Also, please list any awards, leadership positions, special training or skills that would be beneficial to your work in the veterinary field.

Education Record – Non-veterinarians only

Name of school	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence, or Night School			
Other			

Do you type? _____ Office machines and computers you know how to operate? _____

Education Record – Veterinarians only

Name of school	Degree Awarded	Grade Average	Honors
High School			
College or University (Pre-veterinary)			
College (Veterinary Curriculum)			

Do you type? _____ Office machines and computers you know how to operate? _____

List areas of special interest in veterinary medicine _____

List post-graduate training including internships (include dates and degrees awarded, if any) _____

Are you board certified? Board eligible? Which specialty board? _____

List continuing education courses attended in the past 18 months _____

List the states in which you are licensed to practice along with license numbers _____

Work History (begin with the most recent and list all past employers, including any pertinent military experience)

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor		Dates of employment	From To
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties _____

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor		Dates of employment	From To
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties _____

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor		Dates of employment	From To
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties _____

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations names in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results

Employment Questionnaire



Name: _____

Date: _____

Years of technical experience: _____ Licensed Technician?: _____ If yes, what state(s): _____

Shifts preferred: _____

Typing ability: _____ wpm Are you familiar with Windows-based computer operation?: _____

List two of your technical strengths: _____

List two of your technical weaknesses: _____

What veterinary related goals have you set for the future?: _____

What would you say are the most important aspects to running an exceptional animal emergency clinic?

Please check the box next to each skill you are competent in:

- | | |
|---|--|
| <input type="checkbox"/> Ability to work with others using a teamwork philosophy | <input type="checkbox"/> Operation of I-STAT machine |
| <input type="checkbox"/> Ability to maintain composure during emergency situations | <input type="checkbox"/> Operation of SCA2000 and Abaxis VSPRO coagulation machines |
| <input type="checkbox"/> Compassionate canine handling and restraint | <input type="checkbox"/> Operation of Abaxis VetScan, VS2 and HM5 CBC machines |
| <input type="checkbox"/> Compassionate feline handling and restraint | <input type="checkbox"/> Operation of fluid and syringe pumps (Travenol, Heska, etc.) |
| <input type="checkbox"/> Obtaining a thorough patient history from clients | <input type="checkbox"/> Radiography principles, protection and proper positioning |
| <input type="checkbox"/> Obtaining vital signs (temperature, pulse, respiration, MM/CRT) | <input type="checkbox"/> Obtaining measurements and the use of a technique chart |
| <input type="checkbox"/> Use of IDEXX parvo, heartworm and FeLV/FIV tests | <input type="checkbox"/> Operation of a digital radiography machine |
| <input type="checkbox"/> Prep of fecal floats and smears | <input type="checkbox"/> Operation and use of an autoclave |
| <input type="checkbox"/> Evaluation of fecal floats and smears | <input type="checkbox"/> Proper cleaning and sterilization of surgical instruments |
| <input type="checkbox"/> Prep and evaluation of ear cytology | <input type="checkbox"/> Prep and placement of nasal O2 and monitoring |
| <input type="checkbox"/> Prep and evaluation of urine strip and sedimentation | <input type="checkbox"/> ET intubation with and without laryngoscope (K-9 & feline) |
| <input type="checkbox"/> PCV/TS prep and evaluation | <input type="checkbox"/> Surgery principles including clip, prep and aseptic technique |
| <input type="checkbox"/> Prep of fresh blood smears | <input type="checkbox"/> Anesthetic principles, patient monitoring and IPPV |
| <input type="checkbox"/> Evaluation of blood smears (platelet count, WBC differential) | <input type="checkbox"/> Understanding and use of a non-rebreather system |
| <input type="checkbox"/> Blood transfusion principles - use of FFP, PRBC's, Oxyglobin, etc. | <input type="checkbox"/> Operation of SPO2, ECG, BP and capnograph machines |
| <input type="checkbox"/> Blood typing and cross-matching samples (K-9 & feline) | <input type="checkbox"/> Placement and use of an esophageal stethoscope |
| <input type="checkbox"/> Clip and cleaning of wounds, basic bandaging principles | <input type="checkbox"/> Post-operative patient recovery and monitoring |
| <input type="checkbox"/> SQ, IM, IV injections (K-9 & feline) | <input type="checkbox"/> Ability to monitor intensive and critical care patients |
| <input type="checkbox"/> Venipuncture (K-9 & feline cephalic, saphenous and jugular) | <input type="checkbox"/> Knowledge and ability to perform CPR (K-9 & feline) |
| <input type="checkbox"/> IV catheter placement (K-9 & feline cephalic and saphenous) | <input type="checkbox"/> Ability to provide basic grief counseling to clients |
| <input type="checkbox"/> IV catheter placement (K-9 & feline jugular) | <input type="checkbox"/> Alerting clinician/other staff to changes in patient status |
| <input type="checkbox"/> Urine collection via catheterization | <input type="checkbox"/> Providing comfort/assurance to clients in an emergency |
| <input type="checkbox"/> Cystocentesis (K-9 & feline) | <input type="checkbox"/> Asking others when unsure of something |
| <input type="checkbox"/> Placement of indwelling urinary catheters (K-9 & feline - male) | <input type="checkbox"/> Knowledge of basic pharmacology |
| <input type="checkbox"/> Placement of indwelling urinary catheters (K-9 & feline - female) | <input type="checkbox"/> Knowledge of basic canine and feline behavior |