

**THE PETS PLACE ANIMAL HOSPITAL
EMPLOYMENT APPLICATION**

Date: _____ What Position are you applying for:

Name: First Middle:		Last:	
Address(Number, City,State,Zip)		Are you 18 years old	
Home Phone: (_____) _____		Cell 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.
PC						In house Lab procedures					
Multi phone lines						Urine Collection by Cystocetiesis					
Charting						Injections/IM/SQ/IV					
Keyboard						Surgical Prep					
Veterinary Software						Anesthesia Monitoring					
						Fecal Collection /Reading					
						Blood Collection/Jugular					
						Animal Restraints					
						In house Blood Analyzer					
						Dental Propy					

EDUCATION

Name of School and Address	Graduate d	# of years	Course or Major
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High School		Y/N		
College		Y/N		
Post Graduate		Y/N		
Special Courses or Training		Y/N		
Special Courses or Training		Y/N		

CERTIFICATES OR LICENSES

Type of Certificate/License			
Date Issued/State			
License #			

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 without a reasonable accommodation?	
Are you available for the work hours required of the position for which you are applying?	
Can your vacations be arranged at the practice convenience?	
Are there any restrictions that would prevent you from performing the duties of the position	
In your OWN words describe teamwork	
What do you love about working with animals?	
If considered for the position when can you start?	
Salary Requirements: Per hour	\$ _____
Please indicate your availability for work.	Max hours a week _____
Please circle the days of the week you are unavailable to work?	Mon Tue Wed Thurs Fri Sat Sun

EMPLOYMENT / WORK EXPERIENCE HISTORY

List the last 4 employers, including periods of self employment or unemployment. Answer all questions here and throughout this employment application. List most recent or present position first.

Name of employer:	Address:	Phone:
Employed: From and To (month/year)	Position(s) held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Start and Ending	Your last name at time of employment:
Reason for leaving:	May We contact this employer ?	If yes: Who was your immediate supervisor?

Name of employer:	Address:	Phone:
Employed: From and To (month/year)	Position(s) held:	Supervisors Name and Title:
Average # of hours worked per week:	Rate of pay: Start and Ending	Your last name at the time of employment:
Reason for leaving:	May we contact this employer?	If yes; who was your immediate supervisor at the time of employment?

Name of employer	Address:	Phone:
Employed: From and To (month/year)	Position(s) held:	Supervisors Name and Title:
Average # of hours worked per week:	Rate of pay: Start and Ending	Your last name at the time of employment:
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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 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. Any person entering into employment is entering with the understanding that employment offers are an oral and never in writing. Employment offers are never for any specified period of time, 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 the respect to the "At-Will" nature of my employment relationship. There are no oral 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 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 drug test if asked 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 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 Signature _____ Date: _____

If employment is offered and accepted, applications will remain on file as part of the employment process and personnel file of the applicant.

Application forms of denied applicants will be retained for a period of 1 year for future consideration. Although applications are retained there is no guarantee employment will be offered.