



# EMPLOYMENT APPLICATION

DATE \_\_\_\_\_

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/ CELL PHONE: \_\_\_\_\_

### APPLYING FOR:

Full time       Full-time, Temporary       Flexible Hours/On Call  
 Part time       Part-time, Temporary       Weekends

### POSITION WANTED:

Animal Care Technician       Reception       Laboratory       Veterinary Technician       Other (specify) \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

High School \_\_\_\_\_ Graduated: ( ) Yes- Year \_\_\_\_\_ ( ) No ( ) GED  
College \_\_\_\_\_ Graduated: ( ) Yes- Year \_\_\_\_\_ ( ) No ( ) GED

### QUALIFICATIONS/SKILLS/EXPERIENCE:

ANIMAL CARE EXPERIENCE: (please use back of sheet for additional space)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK HISTORY: (Begin with most recent)

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_ Salary \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_ Salary \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_ Salary \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

REFERENCES:	Full Name	Home or Business Address	Phone Number	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EMPLOYMENT APPLICATION QUESTIONNAIRE

HAVE YOU EVER WORKED FOR A VETERINARIAN BEFORE? ( ) YES ( ) NO

POSITION(S) HELD \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE? ( ) YES ( ) NO

**DO YOU ENJOY WORKING WITH PEOPLE**

( ) YES ( ) NO

**DO YOU USE RECREATIONAL DRUGS? ( ) YES ( ) NO**

**DO YOU HAVE YOUR OWN PERSONAL VEHICLE? ( ) YES ( ) NO**

**HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER?**

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

**DO YOU HAVE ANY HEALTH ISSUES OR ILLNESS THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES FOR THE POSITION YOU ARE BEING CONSIDERED? \_\_\_\_\_ IF SO, PLEASE EXPLAIN \_\_\_\_\_**

**DO YOU OWN ANY PETS?**

Please List: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**WOULD YOU HAVE ANY DIFFICULTY LIFTING A 35-POUND DOG INTO A CAGE FOUR FEET OFF THE FLOOR? ( ) YES ( ) NO**

**WHY DO YOU WANT TO WORK HERE?**

**WHERE WOULD YOU LIKE TO SEE YOURSELF AFTER 12 MONTHS WITH OUR PRACTICE? \_\_\_\_\_**

**DO YOU EXPECT TO BE OUT OF TOWN ON ANY SPECIFIC HOLIDAYS? ( ) YES ( ) NO**

**ARE YOU WILLING TO DO YOUR SHARE OF WEEKEND PET CARE? ( ) YES ( ) NO**

**WHY SHOULD YOU BE SELECTED FOR THE NEXT AVAILABLE OPEN POSITION?**

CERTIFICATION STATEMENT:  
THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYER IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date