

APPLICATION FOR EMPLOYMENT

Positions: Reception, Kennel Attendant, Veterinary Assistant, Registered Veterinary Technician

What position are you applying for?

Date

--

First Name

Middle

Last Name

--

Street Address

City

State

Zip Code

--

Home Phone

Alternate Phone

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Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 18 years of age or older? _____

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Check time willing to work: Weekdays Weekends Full-time Part-time Holidays

What, if any, schedule restrictions do you have? _____

If offered employment, when can you start? _____

Salary requirement: _____

Can your future vacations be arranged at office convenience? Yes No

Explain (if no) _____

Do you have any physical condition or are you taking any medications that could limit your ability to perform the job you have applied for and/or be aggravated by the job you have applied for? Yes No

Explain (if yes) _____

Have you ever been convicted of a felony? Yes No

Explain (if yes) _____

(A conviction will not necessarily be a bar to employment)

If you are bilingual, what languages do you? speak? _____ read? _____ write? _____

Education History

Last High School Attended

location

last grade completed

--

College or Trade School

Major

Degree / Certificate

dates attended

--

College or Trade School

Major

Degree / Certificate

dates attended

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Certificates/Licenses

Certificate or License	Licensee #	State Issued	Date Earned
Certificate or License	Licensee #	State Issued	Date Earned

Are all certifications current? Yes No

Employment History

List present or most recent position first. Cover last 3 employers, including periods of self-employment, or unemployment. Fill in all information first. **Do not substitute with resume.**

Name of Employer	Supervisor's Name	Title
Address	Phone #	Your position
Describe major duties of position		
Employed from/to:	Salary or wages beginning/final:	Last name at time of employment
May we contact employer <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, reason)	Specific reason for leaving	

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Character References (other than relatives and past employers)

Name	telephone	address
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Name	telephone	address
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Name	telephone	address
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General Agreement

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I'm hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the hospital, as amended from time to time at its discretion.

Authorization To Check References

I hereby certify the information contained in the application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact, provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

At-Will Employment Relationship

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that 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 owner of the practice may not alter the at-will nature of the employment relationship unless it is done specifically and in writing that is signed.

Applicant signature	date
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Please complete the following information in your own handwriting. Please give detailed responses.

1. Describe the responsibilities on your present job.

2. What specific aspects of your education or experiences do you consider to be beneficial to this position?

3. Why are you seeking employment with Pacific Petcare Veterinary Hospital?

EXPERIENCE AND SKILLS

Please check only those tasks that you are capable of performing in a work environment without training

OFFICE SKILLS

Appointment Scheduling Charting Fee Presentation Multi-phones
 Computer Typing (_____ words per minute) Veterinary Software: _____

CLINICAL SKILLS

Tech Skills

Restraint: Canine Feline Administration of Medication: Per os Sub-Q IM IV ID IP
Vital Sign Monitoring: Canine Feline Bandaging Splinting Casting
Blood/Urine collection: Canine Feline Urinary Catheterization Cystocentesis
Endotracheal intubation: Canine Feline Sterile Surgical Preparation Induction of Anesthesia

Autoclaving

Proper use of Steam Sterilizer Gas Sterilizer Clean/Wrap: Instruments Gowns Drapes/Towels

Pharmacology

Working Knowledge of: Common drugs Emergency drugs Controlled drug regulations Inventory control

Lab Skills

Slide handling/staining Proper blood tube selection Hematocrit/TS

Radiology

Positioning of canine Positioning of feline Use of 300ma unit
 Use of digital processing unit Use of ultrasound unit

Special Procedures: Skull Radiograph Pneumocystogram

Anesthesiology/nursing

Ventilator Pulse oximeter Anesthesia machine
 Doppler blood pressure Oscillometric blood pressure

Surgical assisting

Suction Cautery Suturing
 Soft Tissue handling Ventilation Abdominal irrigation

Knowledge of assisting in:

Pinning Plating Laminectomy Closed reduction Open reduction
 Orthopedic surgery Ophthalmologic surgery Exploratory surgery Bloat surgery

Surgery

Blood pressure monitor ECG machine Suction unit
 Electrocautery unit Constant rate infusion pump