

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

Best time to contact you at home is: : ^{AM}/_{PM}

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

Have you ever filed an application with us before? Yes No

 If Yes, give date _____

Have you ever been employed with us before? Yes No

 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
	(Name)	
	(Address)	
2.	()	Phone #
	(Name)	
	(Address)	
3.	()	Phone #
	(Name)	
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME _____ <last-name>, <first-name>

POSITION: _____

DATE _____ <date>

APPLICANT QUESTIONNAIRE

APPLICANT Name: _____ Date: _____

1. Why do you or would you like to work at a veterinary hospital?

2. What kind of job experience have you had that relates to this position?

3. What were your major responsibilities in your last job?

4. What tasks, duties, or responsibilities of the job did you like? Dislike?

5. What are some of the assignments of your last job that you believe you have done particularly well?
Why? Which tasks did you find difficult?

6. What are your career objectives? Where do you plan to be (job-career) one year from now?

7. What are your greatest assets? Your weakest points?

8. We get very busy here all the time. You will really have to hustle. Can you handle it?

9. Like most D.V.M.'s, we work late sometimes. Will you be willing to stay until all procedures are finished?

10. How do you feel about collecting payment in full when cashiering? (Hospital policy: No billing- Services paid for when rendered.)

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11. You are expected to be punctual and ready to work at the start of your scheduled shift(s). Is that a problem?

12. Do you think it's best to stay home with a cold?

13. Have you handled money for anyone before? (i.e. making change, totaling receipts, etc.)

14. Full-time or part-time? When can you start? Can you work Saturdays?

15. Please put the following names in alphabetical order:

Eilbert	Ehrlich
Fleishman	Phuland
Crerar	Ryterband
Prieto	Muczyk
Zawacki	Argyris
Foulks	Rytterager
McDonald	Szilagyi
Pritchitt	Crystal
Arkstinas	Phelan –

16. A client is charged \$50.00 for today's services and has a previous balance of \$20.00. He pays you \$70.00. How much did you receive on the account?

17. Mrs. Frank comes in with Sambo for a treatment and vaccines. Her bill comes to \$47. 75. We give a 10% discount off services to senior citizens. Mrs. Frank is a senior citizen. How much would her final bill be?

18. We give 30% discounts to employees on prescriptions and over-the-counter products that they buy. An employee buys \$50.00 worth of items. How much would he pay after the discount?

19. Are you willing to be bonded? Drug tested?

20. What is your current salary expectation? How did you arrive at this figure?

21. You may observe some surgical procedures while performing your receptionist duties. Will this bother you? (ARE YOU SURE?)

22. Are you comfortable talking on the phone? (i.e. answering questions, setting up appointments quoting bath prices etc.)

23. Do you enjoy working with people? What do you like most about working with people?

24. Do you like handling animals? Are you afraid of animals? Do you feel you will enjoy working around animals?

25. Can you lift 40 lbs. Objects? Squat, bend, or go up and down stairs and ladders? Do you have any physical limitations?

There are no "right" or "wrong" answers to the following questions, please answer them to the best of your ability. These are situations that can come up in day-to-day practice in veterinary hospital.

1. Mrs. Kiyonaga calls five minutes before closing time and says she needs to bring Coco in for an allergy shot. What do you tell her?

2. If the phone rings at the same time a client walks in to purchase dog food, how do you handle the situation?

3. You are at the reception desk with a waiting room full of people when a client comes in who has been unhappy with service and begins to complain in a very loud voice. What would you do?

4. Someone calls on Line #2 for Dr. Smith. He is in an exam room with a client and patient. This is your first week on the job. What do you do?

5. Euthanasia is an occurrence in veterinary hospitals and requested by owners for various reasons. How do you feel about this since you are very often the person who will have to deal with the owners once this decision had been made?

6. You are filling a prescription in the pharmacy for a client that is waiting. Another client walks in, and you are alone. What do you do?