

El Abrigado Animal Clinic Job Application Form

PLEASE COMPLETE THE FOLLOWING INFORMATION

Use back side of application form if more room is needed

An Equal Opportunity Employer

TYPE or PRINT in INK	Please complete the application by typing or clearly printing in dark ink.		
JOB APPLIED FOR		Social Security Number:	
<input type="checkbox"/> Receptionist	<input type="checkbox"/> R.V.T.	<input type="checkbox"/> Vet Tech	<input type="checkbox"/> Other
DRIVER'S LICENSE NUMBER:		State of Issue:	

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (including area code):	
CITY:	STATE:	ZIP:	CELL-PHONE NUMBER (include area code):
EMAIL ADDRESS:			

WORK SCHEDULE AVAILABILITY			
Days and Time Available to Work:			
Mon _____	Tues _____	Wed _____	Thur _____
Fri _____		Sat _____	
Sun _____			
Check only one:		Check only one:	
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> FULL OR PART TIME	<input type="checkbox"/> ANY
<input type="checkbox"/> SEASONAL	<input type="checkbox"/> PART TIME	<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> VOLUNTEER
			Date can start:

EDUCATION / TRAINING HISTORY					
List colleges, military, trade, business or other schools attended					
Do you have a high school diploma or a GED certificate? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
A	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes/No)	Degree or Certificate Received
B					
C					

LICENSE / REGISTRATION / CERTIFICATE			
List any required professional license, registration, certificate, Commercial Driver's License (CDL), etc.			
Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE
List skills or knowledge that show your ability to perform the job for which you are applying (such as Telephone skills computer skills, animal restraint, drawing blood, in-putting IV Catheters, foreign languages). Attach additional pages as needed.

WORK HISTORY

JOB #1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION: CHECK AREAS YOU WERE RESPONSIBLE FOR	
FROM (MONTH - YEAR) TO (MONTH - YEAR)		<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
TOTAL TIME IN CURRENT OR LAST POSITION	HOURSE WORKED PER WEEK	<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Dismissals
If you checked any of these boxes, list the # of employees and their job titles:			
DUTIES (list all duties you preformed. No credit will be given if this section is not completed):			
Reason for leaving this position:			

JOB #2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION: CHECK AREAS YOU WERE RESPONSIBLE FOR	
FROM (MONTH - YEAR) TO (MONTH - YEAR)		<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
TOTAL TIME IN CURRENT OR LAST POSITION	HOURSE WORKED PER WEEK	<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Dismissals
If you checked any of these boxes, list the # of employees and their job titles:			
DUTIES (list all duties you preformed. No credit will be given if this section is not completed):			
Reason for leaving this position:			

JOB #3

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION: CHECK AREAS YOU WERE RESPONSIBLE FOR	
FROM (MONTH - YEAR) TO (MONTH - YEAR)		<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
TOTAL TIME IN CURRENT OR LAST POSITION	HOURSE WORKED PER WEEK	<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Dismissals
If you checked any of these boxes, list the # of employees and their job titles:			
DUTIES (list all duties you preformed. No credit will be given if this section is not completed):			
Reason for leaving this position:			

GENERAL QUESTIONS

How well do you handle stressful situations?	
Will you have any problem putting a healthy animal to sleep?	
Why would you like to work at an animal clinic?	
Will you have any problems asking clients to pay their bill?	
What did you like best about your last job?	
What did you like least about your last job?	

Employee History

The DEA requires us to ask these questions of every applicant

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes furnish details of conviction, offense, location, date and sentence on the reverse side of this form.

Yes

No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details on reverse side of this form.

Yes

No

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime. This authorization is valid for purpose of verifying information given in connection with my application for employment covered under the Equal Opportunity Act (EEOA), Fair Credit Reporting Act (FCRA) and the Drivers Privacy Protection Act (DPPA). In addition, I understand that El Abrigado Animal Clinic may conduct additional background checks during my employment if I am hired. This authorization shall be valid in original or facsimile form. You may contact me personally if you need to further verify and authenticate this request.

- I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States
- I authorize El Abrigado Animal Clinic to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize El Abrigado Animal Clinic to check my driving record if the position for which I am applying requires driving.
- I authorize El Abrigado Animal Clinic to run a consumer credit report, criminal history background check, and/or drug test as a condition of employment
- I release El Abrigado Animal Clinic and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.
- I authorize all corporations, former employers, supervisors, credit agencies, educational insitiutions, law enforcement agencies city, state, county, and general courts and agencies, military servies and other persons or entities with relevant information about me to release any and all such information only to El Abrigado Animal Clinic and their representatives.

PRINT FULL NAME	DATE
APPLICANT'S SIGNATURE	DATE OF BIRTH