

Alamo Dog & Cat Hospital

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Receptionist Vet Tech Assistant Other _____

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: - -
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DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):
CITY	STATE	ZIP CODE:
EMAIL ADDRESS:		OTHER (include area code):
<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/>		

WORK SCHEDULE AVAILABILITY

Days and Times Available to Work
 Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> EITHER	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY	Date You Can Report For Work:
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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. 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. Yes No

Details:

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 hospital?	
Will you have any problems asking clients to pay their bill?	

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) YES NO

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
A				
B				
C				

LICENSE / REGISTRATION / CERTIFICATEList 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 typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

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WORK HISTORY**JOB NUMBER 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 / LEADWORK 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
TOTAL TIME IN CURRENT OR LAST POSITION:		HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances
			<input type="checkbox"/> Hiring or Recommending Hiring
			<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			
<input type="checkbox"/> PRESENT EMPLOYER		<input type="checkbox"/> LAST EMPLOYER (Check one):	
		May We Contact?	CITY AND STATE:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK 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
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			

TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

JOB NUMBER 3		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		<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 <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

CERTIFICATION AND SIGNATURE	
<p>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 purposes 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 Alamo Dog & Cat Hospital 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.</p> <ul style="list-style-type: none"> ♦ 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 Alamo Dog & Cat Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process. ♦ I authorize the Alamo Dog & Cat Hospital to check my driving record if the position for which I am applying requires driving. ♦ I authorize the Alamo Dog & Cat Hospital to run a consumer credit report, criminal history background check, and/or drug test as a condition of employment. ♦ I release the Alamo Dog & Cat Hospital 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 institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and other persons or entities with relevant information about me to release any and all such information only to Alamo Dog & Cat Hospital and their representatives. 	
PRINT FULL NAME	DATE
APPLICANT'S SIGNATURE	DATE OF BIRTH
OTHER NAMES USED (Maiden, Nickname, etc.)	

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH ALAMO DOG & CAT HOSPITAL