

Application for Employment

Blanco Veterinary Clinic, Inc. is an equal opportunity employer. As such, employment decisions for applications and employees are made without regard to race, color, religion, sex, age, national origin, or disability (if able to perform the essential functions of the job with or without the aid of a reasonable accommodation).

PERSONAL INFORMATION

Today's Date: _____

Name _____ Drivers License Number _____
Present Address _____ Social Security Number _____ - ____ - ____
Phone Number _____ Date of Birth _____
Email Address _____ Additional Contact Phone _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____
Are you presently employed? _____ If so, may we contact your present employer? _____

GENERAL QUESTIONS

Are you legally authorized to work in the United States of America? YES NO

If yes, can you provide documents to establish your eligibility? YES NO
(I.E. passport, driver's license, social security)

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you with or without a "reasonable" accommodation? YES NO

Are you available for the work hours required? YES NO

Can your vacations be arranged at practice convenience? YES NO

Do you illegally use drugs? YES NO

Do you smoke? YES NO

Have you been vaccinated for Rabies? YES NO

If, no, are you willing to be vaccinated for Rabies before starting the position? YES NO

Circle the days of the week that you will NOT be available to work:

Mon Tue Wed Thurs Fri Sat Sun

Are you interested in FULL TIME PART TIME VOLUNTEER WORK

Do you have a problem working weekends? YES NO

Have you ever been convicted of a felony? YES NO

A conviction will not necessarily be bar to employment. Please describe the nature of the conviction, the date of conviction, and your rehabilitation since:

			What is your Skill Level?						What is your Skill Level?		
Office Skills	YES	NO	Fair	Good	Exc	Clinical Skills	YES	NO	Fair	Good	Exc
Keyboard Skills						CPR Training					
Bookkeeping						Urinalysis					
Computer						Blood Collection					
Word Processing						Take/Develop/Mount X-rays					
Excel						Injections, IV, etc					
Multi-line Phone Skills						Anesthesia					
Account Collections						Fecal Tests					
Treatment Presentations						Animal Restraint					
Fee Presentations						Blood Lab					
Medical Terminology						OSHA & Safety Regulations					
Appointment Scheduling						Animal Husbandry					
Avimark Program											
10 Key Competency											

Do you have any Veterinary Experiences? YES NO

Please describe _____

Do you have any Animal Experiences? YES NO

Please describe _____

Do you have any Office Experiences? YES NO

Please describe _____

EDUCATION

	Name of School / City, State	Number of Years Attended	Did you Graduate?	Month/Year of Graduation	Course / Major Studied
High School			YES NO		
College			YES NO		
Special Courses or Training			YES NO		
Additional Special Courses or Training			YES NO		

Subjects of special study or research work _____

US Military or Naval Service _____ Rank _____

Are you a present member in the National Guard or Reserves? YES NO

FORMER EMPLOYERS List below your former employers, starting with last one first, including self-employment or unemployment. Answer all questions here and throughout this employment application - **Do NOT substitute with a resume.**

Name of Employer:	Address (number,city,state,zip):	Phone:
Employment Dates: from and to (month and year)	Position (s) Held:	Supervisor's Name and Title:
Average number of hours worked per week:	Rate of Pay (starting and ending):	Your full name at time of employment:
Describe your duties:		
Give your reasoning(s) for leaving:		
May we contact this employer?		YES NO

Name of Employer:	Address (number,city,state,zip):	Phone:
Employment Dates: from and to (month and year)	Position (s) Held:	Supervisor's Name and Title:
Average number of hours worked per week:	Rate of Pay (starting and ending):	Your full name at time of employment:
Describe your duties:		
Give your reasoning(s) for leaving:		
May we contact this employer?	YES	NO

Name of Employer:	Address (number,city,state,zip):	Phone:
Employment Dates: from and to (month and year)	Position (s) Held:	Supervisor's Name and Title:
Average number of hours worked per week:	Rate of Pay (starting and ending):	Your full name at time of employment:
Describe your duties:		
Give your reasoning(s) for leaving:		
May we contact this employer?	YES	NO

REFERENCES: Give the names of three persons not related to you, whom you have known for at least 12 months

Name / Relationship	Address and Phone Number	Business	Number of Years Acquainted

What are the qualities that would make you the best candidate for the job? _____

What are your goals in 12 months from now? _____

**We take responsibility seriously,
are you prepared for a high responsibility job? YES NO**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

I hereby credit that the foregoing statements are true, correct, and complete and I understand that any false statements or omission may be considered sufficient cause for rejection of this application or for dismissal from employment if such false statement or omission discovered subsequent for employment.

I understand and agree that, if employed, my employment may be terminated at any time without prior notice, regardless of the date of payment of my wage salary. If this application is considered favorably, I agree to abide by and comply with all rules and regulations of the Business as they currently exist and/or as they are modified from time to time during my employment.

Applicant's signature_____

Date_____

Application forms will be retained for a period of 12 months

If hired at Blanco Veterinary Clinic, Inc. it will be a 90 day trial basis