



# PET EMERGENCY & SPECIALTY CENTER

## APPLICATION FOR EMPLOYMENT

Please print clearly. Complete all questions and sign page 4.

First Name		Middle	Last	Date of Application
Street Address				What position are you applying for?
City, State, Zip Code				Social Security Number
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please show work permit.	Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which? _____	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Numbers Home: _____ Cell: _____	
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Proof of U.S. citizenship or immigration status will be required upon employment.</b>			

### EDUCATION

Level	Name and Location of School	Graduated (Yes or No)	Attendance Dates		Major
			From	To	
High School					
Business, Trade or Technical					
College					
Graduate School					
Other					

### CERTIFICATES OR LICENSES

Are you a Registered Veterinary Technician in the state of California?  Yes  No License Number \_\_\_\_\_

Please list all other certificates/licenses

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### SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., technical skills, client communication, front office skills, anesthetic experience, etc):

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## EMPLOYMENT HISTORY

Please provide a COMPLETE employment history beginning with your most recent employment, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying. If additional pages are needed, please attach.

<b>Name of Employer</b>	<b>Telephone</b>	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving or why you are considering leaving?		\$	per	

If currently employed, may we contact for reference?     Yes     No

<b>Name of Employer</b>	<b>Telephone</b>	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving or why you are considering leaving?		\$	per	

<b>Name of Employer</b>	<b>Telephone</b>	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving or why you are considering leaving?		\$	per	

## REFERENCES

List three work/personal references who are **NOT** related to you.

Name	Telephone	Years Known	Relationship

## OTHER INFORMATION

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.)  Yes  No  
If checked yes, please explain below.

Do you illegally use drugs?  Yes  No

Can you perform the essential and/or marginal functions for the position for which you are applying with or without reasonable accommodations?  Yes  No

Can you describe or demonstrate how you would perform this job requirement with or without reasonable accommodations?  Yes  No

Have you been vaccinated for Hepatitis B?  Yes  No

Can you meet the attendance requirements of this job?  Yes  No

I can work  Days  Evenings from \_\_\_\_\_ to \_\_\_\_\_ Days per week \_\_\_\_\_ Hours per week \_\_\_\_\_

Circle the days of the week you will NOT be available for work: MON TUES WED THURS FRI SAT SUN

Date available to start: \_\_\_\_\_ Can your vacation be arranged at the convenience of the practice?  Yes  No

Salary Requirement: \_\_\_\_\_ / hour \_\_\_\_\_ / Month Fringe benefits required? \_\_\_\_\_

Have you ever applied with the Pet Emergency & Specialty Center before?  Yes  No

Which facility are you interested in working for?  East County  South County  Either

Do you have any experience in Client Service?  Yes  No Explain: \_\_\_\_\_

Do you have computer experience?  Yes  No Which programs? \_\_\_\_\_

Were you referred here by one of our staff members?  Yes  No Name: \_\_\_\_\_

Which service are you interested in working for?  Emergency  Internal Med  Exotics  Surgery  Any

## **AN EQUAL OPPORTUNITY EMPLOYER**

### **GENERAL AGREEMENT**

I understand that all offers of employment are conditioned on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

### **AUTHORIZATION TO CHECK REFERENCES**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the practice may contact, to 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 all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or omission of material information in this application may result in my failure to receive an offer, or, if I am hired, in my dismissal of my employment.

### **EMPLOYMENT RELATIONSHIP**

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. This "at will" employment policy includes any employees including those presently employed by the practice. No employee or representative of the practice, other than its owners, has the authority to enter into any agreement for employment for any specified time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "at will" nature of the employment relationship unless it is done specifically and in writing that is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "at will" nature of my employment relationship. There are no verbal or collateral agreements regarding this issue.

### **APPLICANT INFORMATION RELEASE**

I hereby authorize any person, educational institution, or company I have listed as a reference of my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold The Pet Emergency & Specialty Center, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information pertinent to the employment process.

### **I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_