

APPLICATION FOR VETERINARY OFFICE EMPLOYMENT

Date: _____

Client Service Representative

Last Name	First	Middle
Address (Number, City, State, Zip)		Are you at least 18 year old? Yes [] No []
Contact Phone () _____ - _____		Do you have the legal right to work in the U.S? Yes [] No []

EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	What is your skill level?			CLINICAL SKILLS	Yes	No	What is your skill level?		
			Fair	Good	Exc.				Fair	Good	Exc.
Money Counting						Triage					
Computer						Multi-tasking					
Word Processing						Prioritizing					
Cleaning						Stressful Situations					
Multi-line Phone Skills						Animal Experience (Professional)					
Paying Attention to Details						Client Care					
Fee Presentation/Explanation						Animal Behavior Knowledge					
Medical Terminology											
Appointment Scheduling											
Electronic Medical Records											
Copying Documents											
Faxing Documents											
Account Collections											
People Skills											

EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y/N		
College		Y/N		
Post Graduate		Y/N		
Special courses or Training		Y/N		
Additional Special Courses or Training		Y/N		

CERTIFICATES OR LICENSES

	RVT	CVA	CPR	Other
Certificate/License #				
Date Earned				
State Issued				
Current Through				

GENERAL INFORMATION

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 bilingual?	[] Yes [] No
Are you available for the work hours required of the position for which you are applying?	[] Yes [] No
Do you have any vacations planned within the next 6 months? If yes, please explain:	[] Yes [] No
Are you willing to cover employees shifts if they are sick or on vacation?	[] Yes [] No
Have you ever been convicted of a crime, other than a traffic violation? If yes, please explain:	[] Yes [] No
Date available to start:	
Salary requirements: \$ _____ /hour	
Benefit requirements:	
Please indicate your availability to work: [] Days _____ Days/wk; _____ Hours/wk Hours _____ to _____	
Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat	

EMPLOYMENT/WORK EXPERIENCE

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application – **do not substitute with a resume**. List most recent position first.

Name of employer:	Address (number, city, state, zip):	Phone:
Employed dates:	Position(s) held:	Supervisor's name and title:
Average # of hours worked per week:	Rate of Pay: starting and ending	Your last name during employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer: [] Yes [] No		

Name of employer:	Address (number, city, state, zip):	Phone:
Employed dates:	Position(s) held:	Supervisor's name and title:
Average # of hours worked per week:	Rate of Pay: starting and ending	Your last name during employment:
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Employed dates:	Position(s) held:	Supervisor's name and title:
Average # of hours worked per week:	Rate of Pay: starting and ending	Your last name during employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been discharged or asked to resign from employment? Yes No

If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes No If yes, please explain: _____

PROFESSIONAL REFERENCES

Please list three individuals, unrelated to you, with whom you have worked, who know your qualifications for this position.

Name	Address	Phone	Relationship

MILITARY

Branch of service: _____ Number of years/months of service: _____

Rank at discharge: _____ Date of discharge: _____

Describe any military skills, training, or experience you believe are relevant to the job you are applying for:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, 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. No employee or representative of the practice, other than the owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may alter the "At Will" nature of the employment relationship unless it is done specifically in writing and 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 oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the reference listed, as well as other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of the screening for the position for which I am applying, if required, I agree to take a physical exam, drug tests, and/or authorize a background check which may include a review of criminal convictions, driving record, and credit history. Further, I release all parties and persons from all liability for the damages that may result from 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.

Applicant's signature: _____ Date: _____