



Jackson Veterinary Clinic



Personal Information

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Social Security # \_\_\_\_\_ Are you over the age of 18?  Yes  No

Position for which you are applying \_\_\_\_\_

Are there any positions that you should **NOT** be considered for? \_\_\_\_\_

Number of hours you would like to work per week; Full Time, Part Time, or Seasonal \_\_\_\_\_

Salary Desired \_\_\_\_\_ Date Available to Begin \_\_\_\_\_

**Flexibility Is A Must!** Work schedules for employees vary throughout our organization from week to week.

Days of the week you are available to work: (Circle Each)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Shifts you are available to work:

First: (6am-12pm)     Second: (12pm-7pm)     Third: (Sat 7am-2pm)     Fourth: (Sun 8am-10am; 5pm-6pm)

Questionnaire:

Are you legally eligible for employment in the U.S.?  Yes  No

Have you ever been convicted of, fined and/or sentenced, or pleaded "no contest" for any criminal offense (misdemeanor or felony)? If yes, Explain  Yes  No

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There is a lot of bending, lifting or kneeling involved with any job here. Can you safely perform the essential functions of all the positions in the clinic?  Yes  No

Do you have reliable transportation? \_\_\_\_\_

Do you have any animal fear? If so, please explain.

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Do you have a problem with dirty work? Example: Cleaning kennels, Yard work, Etc.

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Do you have a problem with blood or gore?

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Our schedules do change from time to time. Would this be a problem for you \_\_\_\_\_

We use continuing education tools that all employees are required to participate in. Do you have a problem with this?

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We get involved in several volunteer community activities. Would you have an issue volunteering?

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## Employment History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

Have you ever been suspended, discharged or asked to leave a job? If yes explain  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

High School: \_\_\_\_\_

Number of years attended? \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College: \_\_\_\_\_

Number of years attended? \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Focus of Study \_\_\_\_\_

College: \_\_\_\_\_

Number of years attended? \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Focus of Study \_\_\_\_\_

Please list any licenses, certifications or registrations:

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_

Please list any additional skills/abilities, training, coursework or programs completed

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## Skills

Please note any experience working with animals such as: (a) breeding animals (b) kennel work (c) grooming (d) other work you have had with pet animals

## Experience and Skills

### Skill Level

Office Skills	Yes	No	Fair	Good	Excellent
Typing (wpm)					
Bookkeeping					
Computer					
Vet Program System					
10-Key Adding Machine					
Account Collections					
Treatment Presentation					
Fee Presentation					
Medical Terminology					
Appointment Scheduling					
Charting					
Public Service					

### Skill Level

Clinical Skills	Yes	No	Fair	Good	Excellent
CPR Training					
Urinalysis					
Blood Collection					
Take & Develop Xrays					
Injections, IV, etc.					
Anesthesia					
Pull & Read Fecal Tests					
Heartworm Tests					
Animal Restraint					
Leukemia Tests					
OSHA & Safety Reg.					

**Personal References**(these should **not** be past employers or relatives)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

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

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# Jackson Veterinary Clinic

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## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Jackson Veterinary Clinic in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Butts Co. Counseling Center may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis. I further agree to and hereby authorize the release of the results of said tests to the Company. I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## **BACKGROUND CHECK PERMISSION**

### **FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with Jackson Veterinary Clinic, I hereby agree as follows:

#### **1. GENERAL CONSENT TO BACKGROUND INVESTIGATION**

As a condition of the Company's consideration of my employment application, I give permission to the Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

#### **2. CONSENT TO CONTACT PAST EMPLOYERS**

I specifically give permission to the Company to contact all of my prior employers for references. I give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Company. I waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to the Company. I agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

#### **3. CONSENT TO CONTACT GOVERNMENT AGENCIES**

I give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby designate the Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

#### **4. COOPERATION WITH INVESTIGATION**

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

#### **5. MISCELLANEOUS**

This Agreement represents the entire understanding and agreement relating to its subject matter. The Company shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and that the Company may determine not to hire me for any lawful reason.

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Signature

Date

**Applicant's Certification**

**READ CAREFULLY**

I understand that in order to be considered for employment with Jackson Veterinary Clinic I agree to the following:

1. All of the information I provide in this application is true.
2. Jackson Veterinary Clinic may investigate my background, and I authorize all person and organizations to release any information concerning me which may be relevant to my employment by Jackson Veterinary Clinic and release any person or organization furnishing such information from liability for providing same.
3. Submission of false information on this application my result in immediate termination of my employment with Jackson Veterinary Clinic if I am employed, or may disqualify me from eligibility for employment with Jackson Veterinary Clinic.
4. I hereby agree to any health assessments that may be required and other assessments as required by the position or by law.
5. I further understand that, if hired, I must hold privileged patient, client, employee and clinic information in confidence and that if I breach that confidentiality, I may be disciplined or even terminated.

**Please note that if you are offered and accept a position with Jackson Veterinary Clinic  
you will be hired on a 90 business day trial basis.**

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_