



EMPLOYMENT APPLICATION

It is the policy of Carlsbad Animal Hospital to provide equal employment opportunities to all employees and applicants for employment. All employment practices such as recruitment, selection, promotions, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment or services are not subjected to discrimination on the basis of age, race, color, sex, sexual orientation, national origin, citizenship status, uniform service member status, ancestry, protected medical condition, genetic information, disability, marital status, religious or political preferences or union affiliation or any other protected status in accordance with all applicable federal, state and local laws.

PLEASE PRINT

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street

City State Zip code

Cell #: _____ Home #: _____

Permanent address if different from present address:

Street City State Zip code

Position applying for: _____

Are you applying for: Regular full-time work Regular part-time work

What days and hours are you available for work?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you available to work overtime, if necessary? Yes No

Are you available to work evening hours? Yes No

If hired, on what date can you start date? _____

Salary Desired: _____

Have you ever applied to or worked for Carlsbad Animal Hospital before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Carlsbad Animal Hospital? Yes No

If yes, state name(s) and relationship _____

Why are you applying for work at Carlsbad Animal Hospital? _____

If hired, do you have a reliable means for transportation to and from work? Yes No

If hired, can you furnish proof that you are over 18 years of age? Yes No
(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed _____

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

EMPLOYMENT HISTORY

Present or Last Employer:		Phone Number:	
Address	City	State	Zip code
Start Date (Month & Year):		End Date (Month & Year):	
Job Title:	Summary of Duties:		
Reason for Leaving:			
Supervisor Name:		Supervisor Phone Number:	

Present or Last Employer:		Phone Number:	
Address	City	State	Zip code
Start Date (Month & Year):		End Date (Month & Year):	
Job Title:	Summary of Duties:		
Reason for Leaving:			
Supervisor Name:		Supervisor Phone Number:	

Present or Last Employer:		Phone Number:	
Address	City	State	Zip code
Start Date <i>(Month & Year):</i>		End Date <i>(Month & Year):</i>	
Job Title:	Summary of Duties:		
Reason for Leaving:			
Supervisor Name:		Supervisor Phone Number:	

Have you ever been terminated for asked to resign from any job? Yes No

If yes, please explain your circumstances: _____

Please explain in detail any gaps in your employment history: _____

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

EDUCATION, TRAINING & EXPERIENCE

School Name	Address	Years Completed	Did you Graduate?	Degree/Diploma Received
High School				
College/University				
Vocational/Business				
Health Care				

Do you have any other experience, training, qualification or skills which you feel make you especially suited for work at Carlsbad Animal Hospital. If so, please explain:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____ License/certification number: _____

Experience and Skills

Please check only those tasks that you are capable of performing in a work environment without training.

If you are bilingual, what languages do you know?

- Speak Language _____
 Read Language _____
 Write Language _____

Office Skills:

- Appointment Scheduling Charting Fee Presentation Multi-line Phones
 Windows 95 Computer Operating System Microsoft Word

Technician Skills:

- Restraint: Canine Feline
Vital Sign Monitoring: Canine Feline
Blood/Urine Collection: Canine Feline
Endotracheal Intubation: Canine Feline

Veterinary Software

- Avimark
Cornerstone
DVM Manager
DV Max
Other

Administration of Medication:

- Per os Sub-Q IM IV ID

Autoclaving:

- Proper use of Magnaclave Gas Sterilization
Clean/Wrap Any of the Following: Instruments Gowns Drapes/Towels

Pharmacy:

- Working knowledge of: Common Drugs Emergency Drugs Controlled Drugs Inventory

- Lab Skills:** Slide Handling/Staining Proper Blood Tube Slection Hematocrit/TS

Radiology:

- Position of Canine Position of Feline Fluroscopy
 Use of 1200 ma unit Use of Automatic Film Processor Use of Ultrasound Unit

Special Procedures:

- IVP OFA Pelvic Barium Series Myelogram Pneumocystogram
 Skull Radiograph Dental Film

Darkroom Procedures:

- Automatic Film Processing Proper Film Handling
 Cassette Loading Cassette Cleaning

Anestheisology/Nursing:

- Defibrillator Ventilator Pulse Oximeter Intensive Care O2 Unit
 Pulse Oximeter Anesthetic Machine Doppler Blood Pressure

Surgical Assisting:

- Suction Cautery Suturing Soft Tissue Handling
 Ventilation of Patient Abdominal Irrigation

Surgery:

- Blood Pressure Monitor Heart Monitor ECG Machine Sunction Unit
 Electrocautery Unit Constant Rate Fluid Infusion Pump Drill Unit Hook-Up Monitor

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education or other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during an interview with me, may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature

Date

Applicant's Name Printed