

Metairie Small Animal Hospital

EMPLOYMENT APPLICATION

DATE _____

NAME: _____ EMAIL: _____
ADDRESS: _____
HOME PHONE: _____ ALTERNATE PHONE: _____

APPLYING FOR:

_____ Full time _____ Part time

POSITION WANTED:

_____ Reception _____ Technician _____ Assistant _____ Kennel Attendant _____ Bather

EDUCATIONAL BACKGROUND:

High School _____ Graduated: () Yes () No () GED Date _____
College _____ Graduated: () Yes () No Date _____

QUALIFICATIONS/SKILLS:

WHAT RELATED EXPERIENCES COULD YOU CONTRIBUTE TO OUR PRACTICE?

WORK HISTORY: (Begin with most recent)

Employer: _____ Name of Supervisor _____ From ____/____/____ To ____/____/____
Address: _____ Phone: _____
Duties: _____ Salary _____
Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ Name of Supervisor _____ From ____/____/____ To ____/____/____
Address: _____ Phone: _____
Duties: _____ Salary _____
Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ Name of Supervisor _____ From ____/____/____ To ____/____/____
Address: _____ Phone: _____
Duties: _____ Salary _____
Reason For Leaving: _____ Hrs/Wk _____

WHERE DID YOU HEAR ABOUT THE POSITION AT METAIRIE SMALL ANIMAL HOSPITAL?

(Newspaper, Online newspaper, Job search engine, Employee, etc.)

REFERENCES: Full Name Home or Business Address Phone Number Occupation

1. _____
2. _____
3. _____

Please give us 5 attributes that you can consistently bring to our hospital that will make you indispensable.

- (each should be only 1 word) 1. _____ 2. _____
3. _____ 4. _____ 5. _____

HAVE YOU EVER WORKED FOR A VETERINARIAN BEFORE?

() YES () NO

WOULD YOU HAVE ANY TRANSPORTATION PROBLEMS?

() YES () NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () NO

If yes, Please explain _____

HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER?

If so, give: Employer _____

Address _____

Reason for Discharge _____

DO YOU OWN ANY PETS?

Please List: 1. _____
2. _____
3. _____
4. _____
5. _____

WOULD YOU HAVE ANY DIFFICULTY LIFTING A 40-POUND BAG OF DOG FOOD?

() YES () NO *If yes, Please explain* _____

WHAT SALARY & FRINGE BENEFITS WOULD YOU EXPECT AFTER 1 YEAR OF EMPLOYMENT?

WHY DO YOU WANT TO WORK AT METAIRIE SMALL ANIMAL HOSPITAL?

DO YOU HAVE ANY OBJECTIONS TO WORKING HOLIDAYS?

() YES () NO

If yes, Please explain _____

ARE YOU WILLING TO DO YOUR SHARE OF WEEKEND SHIFTS?

() YES () NO

ARE THERE ANY DAYS/HOURS YOU ARE UNABLE TO WORK?

() YES () NO

If yes, please explain _____

WHY SHOULD YOU BE SELECTED FOR THE NEXT AVAILABLE OPEN POSITION?

This application does not constitute a written employment agreement.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between Metairie Small Animal Hospital is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.

I hereby grant permission to the company to investigate the information contained in this application and release the company and any agents or other persons acting on behalf of the company from any and all liability relating to any investigation of the information contained in this application.

Signature of Applicant

Date