



# Bellalago Veterinary Hospital

## Application for Employment

(Please type or print clearly)

**An Equal Opportunity Employer:** Bellalago Veterinary Hospital does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

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

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position applied for \_\_\_\_\_

Employment preference:  Full-time  Part-time

Specify days, times, and/or hours desired: \_\_\_\_\_

Were you previously employed with Bellalago Veterinary Hospital? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse: \_\_\_\_\_

Available start date: \_\_\_\_\_

Please list other work experiences, skills, or qualifications that you feel would especially qualify you for employment here. Please add any additional comments you believe are important for us to consider. Feel free to attach additional sheets, if necessary. \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain: \_\_\_\_\_

Have you previously applied here?  Yes  No

If yes, when? \_\_\_\_\_

Have you worked for any entity under a different name?  Yes  No

If yes, give name: \_\_\_\_\_

If you are applying for a position with minimum age requirements, you may be required to submit proof of age. For jobs with minimum age requirements: Are you 18 years of age or older?  Yes  No

**Personal References (not former employers or relatives)**

Name	Occupation	Address	Phone

**Educational Record**

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University				
Business, Trade, Correspondence, or Night School				
Other				
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM List office machines, computers, and software you are qualified to operate:				
List any special honors, recognitions, awards:				

**Relevant Special Interests/Organizations**

(Do not include any labor organizations, or memberships that reveal race, sex, age, veteran status, disability, or other protected status)

Name or Description of Organization	Active Participation		Offices Held
	From	To	

**Work History**

Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references. A job offer may be contingent upon acceptable references.

Name of Company	Business Address City State	Phone
Type of Business	Immediate Supervisor	Dates Employed From To
Exact Job Title	Earnings At Hire At Termination	Reason for Leaving
Description of Duties		

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Description of Duties			

## **Team-Building Questions**

We try to select only the finest to be part of the team. As such, we do ask that you honestly answer some questions about yourself, your experience, and your philosophies to ensure that you'll be the best fit for the team. As you answer, please remember that we aren't looking for perfection, but to better know the real you. Responses which are misleading, confusing, poorly communicated, or fabricated will not benefit you in the selection process.

In 100 words or less, please answer each of the following questions. Please attach a separate sheet of paper, if needed.

1. Explain your philosophy regarding veterinary wellness care.
  
2. Tell us about a time when you attempted to accomplish something but failed.
  
3. How would you respond to a client who wants you to euthanize his healthy animal so he doesn't have to pay to board him while on vacation?
  
4. If you were personally responsible for the accidental death of an animal, how would you respond?
  
5. Tell us about a time when you had a disagreement with someone with whom you worked. What happened? How did you handle the situation? How did the situation resolve?

## **Certification**

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medication information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

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Signature

Date

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Parent/Guardian Signature (if applicant is a minor)

Date