

EMPLOYMENT APPLICATION

Aldine Animal Hospital

440 Aldine Bender Road
Houston, TX 77060
281-448-3256

Please fill out the application and either mail to the above address or drop off at the hospital.

PERSONAL

Social Security Number: _____ Date _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

Position Applied for: _____ Full-time Part-time

Rate of pay expected \$ _____/hour Do you speak any other languages? _____

On what date would you be available to start? _____ Telephone: _____

Are you 18 years of age or older? YES or NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before
If Yes, please give date _____

Have you ever been employed with us before?
If Yes, please give date _____

Do you have transportation to and from work? _____

Are you a citizen of the US? _____

Are you currently employed? _____

May we contact your present employer? _____

Are you currently on "lay-off" status and subject to recall? _____

Can you travel if it is required? _____

Have you ever been convicted of a felony?
If Yes, please explain _____

WORK HISTORY

Begin with the most recent job and list all past employers.

Name of Company	Business Address		Telephone
Type of Business	Immediate Supervisor		Dates of Employment
Job Title	Earnings at hire	At termination	Reason for termination
Description of Duties			

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WORK HISTORY CONTINUED

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Description of Duties			

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
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EDUCATION RECORD

Name of School	Degree awarded	Grade Average	Honors
High School			
College or Univ.			
Business, Trade			
Other			
Name of School	Degree awarded	Grade Average	Honors
High School			
College or Univ.			
Business, Trade			
Other			
Name of School	Degree awarded	Grade Average	Honors
High School			
College or Univ.			
Business, Trade			
Other			

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Business, Trade			
Other			

Qualifications:

Are you currently licensed as a technician in the state of Texas?

If yes, license number:

Have you taken any training courses related to this line of work?

If yes, where and dates?

List any equipment or computer software you operate proficiently.

Background:

Are you available to work nights or weekends if needed?

Are you routinely early, on-time or late for your shift?

Why did you apply to our animal hospital?

Do you have any medical problems that may interfere with job performance?

On the Job:

You may be asked to restrain large animals, vacuum and mop, lift up to 50 lb bags of food or litter. Do you have any problems doing so?

You may have shifts that run over if it is busy. Do you have a problem staying late if needed?

Do you enjoy talking with new people?

Do you feel it is important to get feedback or constructive criticism regarding your work performance?

Do you focus on the overall result or the details?

If you have unfinished work at the end of your shift, do you stay, give it to someone else or leave it for the next day?

Do you focus more on your own job performance or the team's performance?

Do you like to get organized before you start your shift?

Do you like to follow the established protocols or look for new ways to improve performance?

Are you adaptable to change in the workplace?

Do you work better at a steady pace or busy pace?

Are you able to communicate what you want or need?

Are you able to address mistakes made by yourself or others?

Can you multi-task or are you more comfortable taking things one at a time?

How do you like to handle problems or disagreements?

How would you handle an angry client?

Math:

Dr Smith has asked you to fill a prescription for Max. He has prescribed 1000mg of Cephalexin BID for 10 days. We have 500mg Cepha in stock. How many Capsules will Max need?

Dr Smith has asked you to give an injection of 5mg Kenalog. We have Kenalog 10mg/ml in stock. How much should you draw up into the syringe?

Mrs Leblanc is returning 10 cans of I/D at \$0.92 per can. She is buying 14 cans of K/D instead at \$1.04 per can. What is the difference in price and does she owe us the difference or vice versa?

The Doctor has asked you to send home 1 liter of fluids with Buffy. How many mls will Buffy need sent home?

We are quoting for a work up and the Dr would like an office visit \$45, xrays \$95, sedation \$55, and pain injection \$25. How much should the client pay upon pick up?

AFFIDAVIT

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 obtained from neighbors, friends, former employers, schools, and others. 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 named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT WRITTEN NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____