



APPLICATION FOR EMPLOYMENT  
LICENSED VET TECHNICIAN OR TREATMENT ASSISTANT

(PLEASE PRINT PLAINLY)

An Equal Opportunity Employer—Male/Female

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We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

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PERSONAL

Date \_\_\_\_\_

Social Security no. \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ If this number should become out-of-date who would know how to reach you? \_\_\_\_\_

Who should be contacted in an emergency? \_\_\_\_\_

Position (s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_/hour.

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
Specify days and/or hours that you are not available \_\_\_\_\_

Were you previously employed by this hospital \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

What are your career objectives? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Why are you seeking employment here? \_\_\_\_\_  
\_\_\_\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider.

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For Jobs with minimum age requirements:

Date of Birth \_\_\_\_\_

Do you smoke? \_\_\_\_\_

U.S. Citizen.....Yes No

If no, do you have a valid work permit? Yes No

Have you ever been convicted of a felony? .....Yes No

If yes, please explain.

Have you ever filed Workman’s Compensation? .....Yes No

If yes, please explain.

Have you previously applied here? .....Yes No

If yes, when.

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

If yes, give name.

Do you have any physical conditions which would limit your performance of the job for which you are applying? Yes No

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

Would you take a physical examination if required?.....Yes No

**PERSONAL REFERENCES (Not former employers or relatives)**

Name & Occupation	Address	Phone number

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

**(Do not include racial, religious, or nationality groups)**

Name or Description of Organization	When Did you actively participate?		Offices Held
	From	To	

**EDUCATION RECORD**

NAME OF SCHOOL	DATES ATTENDED		DEGREE AWARDED	GRADE AVG	HONORS
	FROM	TO			
High School					
College or University					
Business, Trade, Correspondence					
Other					

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> Manual Machines    WPM <input type="checkbox"/> No <input type="checkbox"/> Electric Machines    WPM	Shorthand WPM	Office Machines and computers you know how to operate
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<b>WORK HISTORY (Beginning with the most recent, List below all past employers, including any pertinent military experience)</b>				
NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR		DATE EMPLOYED FROM	TO
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

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**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter all end or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

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



**QUESTIONNAIRE AND TESTING FOR EMPLOYMENT:**

(answers should be complete but brief)

1. What would you do if an anxious pet had an “accident” in the middle of treatment?

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2. If you own a pet, what role does that pet play in your family?

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3. What would you do if you were asked to get a cat out of a cage and it was crouched in the back and hissing at you?

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**MATH QUESTITON:**

Mrs. Miller brings in her dog for vaccinations and her bill totals to \$54.00; however she is given a 10% Senior Citizen discount. What would then be the total of her bill?

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**FOR EMPLOYER’S USE ONLY**

**Reference Check**

Date Called	Company Called	Person Contacted	Comments

**Interview Results**

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“The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine”

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