



APPLICATION FOR EMPLOYMENT
CLIENT SERVICE REPRESENTATIVE

(PLEASE PRINT PLAINLY)

An Equal Opportunity Employer—Male/Female

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.

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Telephone # _____ If this number should become out-of-date who would know how to reach you?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

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			

WORK HISTORY (Beginning with the most recent, List below all past employers, including any pertinent military experience)					
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					

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER	
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED FROM		TO	
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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 waiting room?

2. What would you do if an unruly pet was creating havoc in the waiting room and a technician was unavailable to help? _____

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

4. How would you respond to a client who has brought a treasured pet in for euthanasia?

(continued on the back)

PLEASE ALPHABETIZE THE FOLLOWING:

<u>Last name, first name</u>	<u>Fill in the #</u>
1. McGrady, Ruth	_____
2. Sturgeon, Kevin	_____
3. Abbe, Alex	_____
4. Greenfield, Maria	_____
5. Riddell, Helen	_____
6. Wheeler, Gary	_____
7. Kennedy, Penny	_____
8. Deupi, Carlos	_____
9. Green halgh, David	_____
10. Morin, Rod	_____
11. Selive, Jean	_____
12. Webb, Doris	_____
13. Abbell, James	_____
14. Kelso, Gloria	_____
15. McGrail, Margaret	_____

- 16. Seideman, Cindy _____
- 17. Weel, Mary _____
- 18. Sturgill, Mike _____
- 19. Leyner, Judith _____
- 20. Morrow, Miranda _____

MATH QUESITON:

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?

FOR EMPLOYER’S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results

Published as a membership service by the American Animal Hospital Association

“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”

AAHA believes that the information solicited from the applicant is in full compliance with all Federal equal employment laws. AAHA does not assume responsibility for the user’s inclusion in this “Application for Employment” of any question which may violate Federal, state, or local laws and users should contact their own consul with respect to any legal questions regarding the use of this form.

