

# All Cypress Veterinary Hospital

## Application for Employment

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

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

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

Position Applying for: \_\_\_\_\_

Circle One: Part Time    Full Time

Specify days and times if part time or after school only:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.-P.M.	A.M.-P.M.	A.M.-P.M.	A.M.-P.M.	A.M.-P.M.	A.M.-P.M.	A.M.-P.M.

Date available for Work: \_\_\_\_\_

Are you 18 years of age or Older: Yes or No If no, List Age: \_\_\_\_\_

Do you have a Valid Driver's License? Yes \_\_\_ No \_\_\_

If yes, please provide the state and the number: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Can you, after employment, submit proof of your legal right to work in the United States?

(Please check) Yes \_\_\_\_\_ No \_\_\_\_\_

Education: \_\_\_\_\_

High School: \_\_\_\_\_

College/University/Trade School: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

Veterinary or Office Related Skills: \_\_\_\_\_

Memberships in Professional/School/Civic Organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK HISTORY

(Begin with the most recent, list all past employers including any military history, and explain any gaps in employment)

-- Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Pay Start: \_\_\_ End: \_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

-- Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Pay Start: \_\_\_ End: \_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_



-- Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Pay Start: \_\_\_\_ End: \_\_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List Additional Employers On The Last Page of Application

Personal References (Do not include Family Members):

Name	Relationship to person	Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Disclosure of Working Conditions:

If you are employed with ACVH, you can expect to encounter events that can be physically challenging or psychologically uncomfortable. We feel it is important to communicate these possibilities of stressful situations before you begin work since this may affect your performance at this clinic. Such possibilities include:

<b>Lifting up to 40 pounds</b>	<b>Restraining Animals</b>
<b>Working after hours if needed for proper patient care</b>	<b>Distressed, grieving, or angry clients</b>
<b>Unruly and/or aggressive animals</b>	<b>Severely injured animals</b>
<b>Euthanasia</b>	<b>Dead animals</b>
<b>Pain and stress of animals</b>	<b>Feces, urine, pus, other fluids and detached body parts of animals</b>
<b>Foul odors</b>	<b>Drugs, chemicals and x-rays potentially harmful to pregnancy or respiratory conditions</b>
<b>Exposure to weather conditions while performing outdoor tasks</b>	<b>Cold/hot temperatures</b>
<b>Routine veterinary elective procedure such as tail docking and declawing of animals</b>	<b>Any other help where needed</b>

Additional Information You would like for us to consider:

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AFFIDAVIT

I certify that the answers given on this application for employment 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 false statements or omissions made by me in this application. I also authorize the companies, schools, or persons named in this application to give information regarding my employment, character or qualifications. I hereby release said companies from all liability for any damages for issuing this information. I understand there will be 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 will be terminated at will, at any time, and with or without cause.

ANY APPLICANT OFFERED A POSITION WITH ACVH WILL BE REQUIRED TO SUBMIT TO A DRUG TEST, AT OUR EXPENSE, WITHIN 24 HOURS OF BEING OFFERED THE POSITION. FAILURE OF THE DRUG TEST OR FAILURE TO SHOW UP FOR THE DRUG TEST FOR ANY REASON WILL RESULT IN IMMEDIATE RETRACTION OF THE EMPLOYMENT OFFER.

All Cypress Veterinary Hospital, is and Equal Opportunity Employer. We do not discriminate on the basis of race, religion, national origin, color, veteran status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

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

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\_\_\_\_\_  
\_\_\_\_\_