

# APPLICATION FOR EMPLOYMENT AT KEARNY MESA VETERINARY CENTER

Date:

Position Applying:

Last Name	First Name	Middle Name

Address (Number, City, State, Zip Code)

Best Contact Phone Number & Email

### EDUCATION

	Name of School	Graduated Y/N	# Years	Major/Degree
High School		Y/N		
College		Y/N		
Post Graduate		Y/N		
Specialty Degree		Y/N		

### AVAILABILITY

Circle Days You Can <b>NOT</b> work	<b>Mon , Tue , Wed, Thur, Fri, Sat, Sun</b>
Please list any additional schedule restraints	
Date you are available to start	
In the next year do you have any set dates you will request off?	

**SKILLS & EXPERIENCE**

OFFICE SKILLS	Y/N	SKILL LEVEL	FAIR	GOOD	EXC.
KEYBOARD					
COMPUTER					
MULTI LINE PHONE SKILL					
WORD PROCESS					
TREATMENT PRESENTATION					
MEDICAL TERMINOLOGY					
APPOINTMENT SCHEDULING					

CLINICAL SKILLS	Y/N	SKILL LEVEL	FAIR	GOOD	EXC
CPR (ANIMAL) TRAINED					
URINALYSIS / CYSTOCENTESIS					
BLOOD COLLECTION					
INJECTIONS (IM, SQ, IV)					
ANESTHESIA					
INTUBATION					
ANIMAL RESTRAINT					
ANIMAL DENTISTRY					
SNAP TESTS (FIV, PARVO, ETC.)					
SKIN CYTOLOGY/SCRAPING					
LAB PROCESSING					

**WORK EXPERIENCE**

NAME OF EMPLOYER	DATES OF EMPLOYMENT	PHONE #
EMPLOYED: FROM & TO	POSITION HELD	SUPERVISOR NAME
DESCRIBE YOUR DUTIES:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER

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**KMVC IS AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

**GENERAL AGREEMENT:** If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules & standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

**EMPLOYMENT RELATIONSHIP:** If hired, I understand that employment with the practice is not for a specified term and can be terminated 'At Will', with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the 'At Will' nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the 'At Will' nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

**AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING:** All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

APPLICANT'S SIGNATURE:

DATE:

APPLICATIONS WILL BE RETAINED FOR 3 YEARS.