

Animal Medical & Emergency Hospital
Date _____

2527 W. Dublin-Granville Rd
Columbus, OH 43235-2708
Telephone: 614-889-2556
DrDronn.com

APPLICATION FOR EMPLOYMENT

Name _____ Home Telephone _____
First Middle Initial Last

Address _____ Zip _____
Street City State

Other telephone numbers: Cell _____ Other _____

SS # _____ Are you a U.S. citizen? _____ If no, have you applied for the legal right to work in the U.S.? _____

Do you have a handicap or disability which would interfere with your ability to perform the duties of the job(s) for which you have applied? _____ (Ohio law prohibits discrimination based on a handicap.) If yes, please describe the handicap or disability and explain the work limitation(s) as it pertains to the job(s) for which you have applied, and describe any accommodation we could make.

Are you experienced at computer data entry? _____ Words per min _____

Can you drive? _____ Are you willing to make deliveries on occasion? _____

Are you able to work weekends and holidays? _____ If no, please explain. _____

Are you able to lift 50 lbs on a regular basis? _____

Would you take a physical examination and drug test if required? _____
Do you smoke? _____

Have you ever been convicted of a violation of the law other than a minor traffic violation? _____
If yes, please explain. _____

What pets do you own? _____

What are your activities and/or hobbies? _____

Have you ever lost employment due to an alcohol or drug related problem or incident? _____
If yes, please explain. _____

Have you ever been refused bond? _____ If yes, when and by whom? _____

CERTIFICATE AND AUTHORIZATION

I certify that all facts contained in the application are true and complete and acknowledge that the Animal Medical & Emergency Hospital (AMEH) is relying on the accuracy of the information provided. I authorize AMEH to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to AMEH. I also authorize AMEH to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reasons, at my will or the will of AMEH. I also understand and agree that no one has authority to promise me job security or continued employment, except Dr. Griffith, in a formal written agreement signed by both of us.

Signature of applicant _____ Date _____

Work History

Beginning with most recent, list all employers, including any pertinent military experience.

Name of Company _____ Business Address _____

Phone Number _____ Type of Business _____

Immediate Supervisor _____ Dates Employed _____

Exact Job Title _____ Earnings at Hire _____ At termination _____

Reason for Termination _____

Description of Duties _____

Name of Company _____ Business Address _____

Phone Number _____ Type of Business _____

Immediate Supervisor _____ Dates Employed _____

Exact Job Title _____ Earnings at Hire _____ At termination _____

Reason for Termination _____

Description of Duties _____

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Immediate Supervisor _____ Dates Employed _____

Exact Job Title _____ Earnings at Hire _____ At termination _____

Reason for Termination _____

Description of Duties _____

Animal Medical & Emergency Hospital is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age. In addition, we do not discriminate against qualified individuals with disabilities.

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Do not include racial, religious, or nationality groups)**

Name of Description of Organization	When did you actively participate?	Offices Held

EDUCATION RECORD - NON VETERINARIANS ONLY

Name of School	Dates Attended	Degree Awarded	Grade Avg.	Honors
High School				
College or University				
Bus., Trade, Corr. or Night School				
Other				

Office machines and computers you know how to operate

EDUCATION RECORD - VETERINARIANS ONLY

Name of School	Dates Attended	Degree Awarded	Grade Avg.	Honors
High School				
College or University Pre-Veterinary				
College Veterinary Curriculum				
Other				

Post Graduate Training, including internships (include dates and degrees awarded, if any)

Are you board certified? _____ Board eligible? _____

Which specialty board? _____

List continuing education courses attended in the last 18 months

List states in which you are licensed to practice

State _____ License Number _____

State _____ License Number _____

State _____ License Number _____

Employment Desired

Position(s) applied for: _____ Anticipated salary: _____

Date you can start work: _____ Do you want to work: Full time _____ Part Time _____
month day year

Specify days and hours if part time: _____

Can you work a split shift (e.g. 7:45 a.m. to 12:15 p.m.) Yes _____ No _____

What do you expect to do as an employee?

Why do you want to work for a veterinarian?

Referred by (where did you get our name)? _____

Have you ever worked for this hospital before? Yes _____ No _____

When? _____ Supervisor _____

Reason for leaving

Do you know anyone who works here? _____ If yes, who? _____

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results:

American Animal Hospital Association member.
"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 standard for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine."