



**Brown Trail Animal Hospital
Pre-Employment Application**



Application for Employment
Pre-Employment Questionnaire
Equal -Opportunity Employer

Personal Information

Name: _____

Address: _____

Home Phone: () _____ Cell Phone () _____

Social Security Number: _____

E-mail Address: _____

Are you eligible to work in the United States? Yes No

Are you under the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes No

If hired, are you able to provide proof of United States citizenship or your legal right to work in the United States? Yes No

Are you able to perform the essential job functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed. _____

Brown Trail Animal Hospital complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

If hired, would you have reliable transportation to/from work? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?
 Yes No

If yes, please describe the crime or state the nature of the crime(s), when and where convicted and disposition of the case.

A conviction will not necessarily disqualify you from employment.

Employment Desired

Position Desired: _____

If hired, on what date could you start working? _____

Salary Desired (please list a specific hourly wage): _____

Full-Time or Part-Time: _____

What days and hours are you available for work? _____

Can you work on weekends? Yes No

Educational Status

List the name and location of each school where applicable, year attended, graduation date, and courses which may have helped you gain knowledge for the position you are applying for.

High School: _____

College: _____

Trade/Business School: _____

Skills and Qualifications: Licenses, Skills, Training, Awards

Former Job Experience

List the last four positions held, starting and ending date, place of employment, phone number, contact person(s), job experience gained while employed, and reason for departure.

Job 1: _____

Did you give notice prior to terminating your employment? []Yes []No

May we contact this employer? []Yes []No

If yes, please provide a contact: _____

Job 2: _____

Did you give notice prior to terminating your employment? []Yes []No

May we contact this employer? []Yes []No

If yes, please provide a contact:_____

Job 3:_____

Did you give notice prior to terminating your employment? []Yes []No

May we contact this employer? []Yes []No

If yes, please provide a contact:_____

Job 4:_____

Did you give notice prior to terminating your employment? []Yes []No

May we contact this employer? []Yes []No

If yes, please provide a contact:_____

References

List names of three professional references to whom you are not related. Please provide name, contact telephone numbers, how you are affiliated with him/her, and years known.

Reference 1: _____

Reference 2: _____

Reference 3: _____

Questions Relating to Veterinary Medicine

Please answer the following questions to the best of your ability.

1. A client wants to purchase heartworm prevention for her dog. She requests two boxes. The first box is \$25.75 and the second is 10% off the original price. What will her bill be?

2. What vaccine is required for all dogs and cats by state law and how often do they receive this vaccine?

3. What is heartworm disease and how is transmitted to pets?

4. Circle the correct spelling of the following words:

vomitting vomiting vommiting vommitting

diarhea diareah diarrhea diarreeh

refirigerador refridgerater refridgerator refrigerator

5. A sick dog needs medication. It weighs 25 lbs. The drug is given at 3mg/lb and is packaged at 20mg/ml. How many mg and ml would be given to this dog?

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

Please do not write below this line

Brown Trail Animal Hospital
2716 Brown Trail
Bedford, TX 76021

Drug and Alcohol Testing

All employees may be required to undergo testing for alcohol or drug abuse at any time during employment. This testing may include a medical examination and urinalysis. These tests may also be required if there is any reason to suspect alcohol or drug abuse and consenting to these tests may be a requirement for continued employment.

Release Signature

Date