



### ***An Equal Opportunity Employer***

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, 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.*

## **APPLICATION FOR EMPLOYMENT**

### **Personal**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip

E-mail address \_\_\_\_\_

Position applied for \_\_\_\_\_ Rate of pay expected \$\_\_\_\_\_ per hour/per month

Would you work Full-time Part-time Specify days and hours \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work? \_\_\_\_\_

List 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. \_\_\_\_\_

**If you are applying for a job with minimum age requirements, you may be required to submit proof of age.**

For jobs with minimum age requirements:

#### **For driving jobs only:**

Are you 18 years of age or older? yes no Do you have a valid driver's license? yes no

**If hired, can you furnish proof you are eligible to work in the United States?** yes no

**Do you have any issues with arriving to work on time?** yes no

If yes, please explain \_\_\_\_\_

**Have you previously applied here?** yes no If yes, when? \_\_\_\_\_

**List other names you have used when previously employed (such as maiden name or married name)**

**Personal References (not former employers or relatives)**

Name and occupation	Address	Phone number

**List Membership, Hobbies and other Activities.** List memberships in professional organizations, hobbies, clubs, sports, or other activities with which you have been involved. Also, please list any awards, leadership positions, special training or skills that would be beneficial to your work in the veterinary field.

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**Education Record – Non-veterinarians only**

Name of school	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence, or Night School			
Other			

Do you type? \_\_\_\_\_ Office machines and computers you know how to operate? \_\_\_\_\_

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**Education Record – Veterinarians only**

Name of school	Degree Awarded	Grade Average	Honors
High School			
College or University (Pre-veterinary)			
College (Veterinary Curriculum)			

Do you type? \_\_\_\_\_ Office machines and computers you know how to operate? \_\_\_\_\_

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List areas of special interest in veterinary medicine \_\_\_\_\_

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List post-graduate training including internships (include dates and degrees awarded, if any) \_\_\_\_\_

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Are you board certified? \_\_\_\_\_ Board eligible? \_\_\_\_\_ Which specialty board? \_\_\_\_\_

List continuing education courses attended in the past 18 months \_\_\_\_\_

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List the states in which you are licensed to practice along with license numbers \_\_\_\_\_

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**Work History (begin with the most recent and list all past employers, including any pertinent military experience)**

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor	Dates of employment From To		
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor	Dates of employment From To		
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of company		Business address	City	State	Phone No.
Type of business		Immediate Supervisor	Dates of employment From To		
Exact job title		Why did you leave this company?			
Earnings at hire	At end of employment				

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative background report if access to controlled substances is a part of the job responsibilities. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations names in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR EMPLOYER'S USE ONLY

#### Reference Check

Date Called	Company Called	Person Contacted	Comments

#### Interview Results

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## *Employment Questionnaire*



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

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

Years of technical experience: \_\_\_\_\_ Licensed Technician?: \_\_\_\_\_ If yes, what state(s): \_\_\_\_\_

Shifts preferred: \_\_\_\_\_

Typing ability: \_\_\_\_\_ wpm Are you familiar with Windows-based computer operation?: \_\_\_\_\_

List two of your technical strengths: \_\_\_\_\_

List two of your technical weaknesses: \_\_\_\_\_

What veterinary related goals have you set for the future?: \_\_\_\_\_

\_\_\_\_\_

What would you say are the most important aspects to running an exceptional animal emergency clinic?:

\_\_\_\_\_

\_\_\_\_\_

How do you stay up to date on the latest veterinary practices?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to work at DCAER?:

\_\_\_\_\_

\_\_\_\_\_

## Employment Questionnaire



### **Please check the box next to each skill you are competent in:**

Ability to work with others using a teamwork philosophy  
Ability to maintain composure during emergency situations  
Compassionate canine handling and restraint  
Compassionate feline handling and restraint  
Obtaining a thorough patient history from clients  
Obtaining vital signs (temperature, pulse, RR, MM/CRT)  
Use of IDEXX parvo, proBNP, cPL, heartworm and FeLV/FIV snap tests  
Prep of fecal floats and smears  
Evaluation of fecal floats and smears  
Prep and evaluation of ear cytology  
Prep and evaluation of urine strip and sedimentation  
PCV/TS prep and evaluation  
Prep of fresh blood smears  
Evaluation of blood smears (platelet count, WBC differential)  
Blood transfusion principles - use of FFP, pRBCs, albumin, cryoprecipitate, etc.  
Blood typing and cross-matching samples (K-9 & feline)  
Clip and cleaning of wounds  
Basic bandaging principles  
SQ, IM, IV injections (K-9 & feline)  
Venipuncture (K-9 & feline cephalic, saphenous and jugular)  
IV catheter placement (K-9 & feline cephalic and saphenous)  
IV catheter placement (K-9 & feline jugular)  
Urine collection via catheterization  
Cystocentesis (K-9 & feline)  
Placement of indwelling urinary catheters (K-9 & feline - male)  
Placement of indwelling urinary catheters (K-9 & feline - female)  
Operation of i-STAT machine and Heska EPOC  
Operation of Abaxis VSPPro, VS2, Imagyst and HM5 CBC machines  
Operation of fluid and syringe pumps (Baxter, Heska, etc.)  
Radiography principles, protection and proper positioning  
Obtaining measurements, use of a technique chart and operation of a digital radiography machine  
Operation and use of an ultrasonic cleaner and autoclave  
Proper cleaning and sterilization of surgical instruments  
Prep and placement of nasal O2 and monitoring  
ET intubation with and without laryngoscope (K-9 & feline)  
Surgery principles including clip, prep and aseptic technique  
Anesthetic principles, patient monitoring and IPPV  
Understanding and use of a non-rebreather system  
Understanding and use of a ventilator  
Understanding, use and cleaning of an endoscope  
Operation of SPO2, ECG, BP and capnograph machines  
Placement and use of an esophageal stethoscope as well as use and understanding of an SPO2 monitor  
Post-operative patient recovery and monitoring  
Ability to monitor intensive and critical care patients  
Ability to operate a Snyder ICU unit  
Knowledge and ability to perform CPR (K-9 & feline)  
Alerting clinician/other staff to changes in patient status  
Providing comfort/assurance to clients in an emergency and basic grief counseling as needed  
Asking others when unsure of something  
Knowledge of basic pharmacology  
Knowledge of basic canine and feline behavior