

# Kettering Animal Hospital Application For Employment

## GENERAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
last first middle

Address: \_\_\_\_\_  
number street city zip code

Telephone # \_\_\_\_\_

S.S. # \_\_\_\_\_ Salary Expected \_\_\_\_\_

Position Desired \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Education:

High School \_\_\_\_\_  
Name City, State Dates Attend.

College: \_\_\_\_\_  
Name City, State Dates Attend.

Degree Earned \_\_\_\_\_

Other schools, training, correspondence courses, etc. related to this position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly tell why you want to work at Kettering Animal Hospital: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PREVIOUS WORK EXPERIENCES

May we contact your present employer? \_\_\_\_\_

List most recent employer first:

**Employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Position** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Reason for Leaving**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Position** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Reason for Leaving**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Position** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

**Reason for Leaving**  
\_\_\_\_\_  
\_\_\_\_\_

CHARACTER REFERENCES:

Personal References, Co-Workers, etc. Please do not list relatives.

\_\_\_\_\_  
Name Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Name Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to applicant

Veterinary medicine is not an 8 to 5 job. Our work involves evening, weekends, and holidays. All employees are expected to fill in occasionally for other employees that are sick or absent for various reasons. You may be asked to work more hours than normally scheduled; you may be asked to stay over on your shift or come in earlier than scheduled. During our slow times you may be given the option to leave your shift early and during the slower winter months your scheduled hours may be cut back.

Do you understand and agree to the above statements?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list what hours you are available to work:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Have you ever been convicted of a crime for other than minor traffic violations?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, give date, nature, and place of each conviction.

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This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize Kettering Animal Hospital to get and give references and to verify education employment and credit history if they so desire.

Thank you for completing this application and for your interest in employment with Kettering Animal Hospital. Please read and sign below that you understand that neither this document nor any offer of employment contract unless a specific document to that effect is executed by the employer and employee.

In the event of employment, I understand that false or misleading information given on this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Kettering Animal Hospital.

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

Please also fill out the appropriate pages listed below:

Kennel applicants	pages 5 and 8
Receptionist applicants	pages 5, 6, and 7
Technical applicants	pages 5, 6, and 7

ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING MATHEMATICAL EXAM. YOU MAY USE THE BACK OF THIS PAGE IF NEEDED FOR COMPUTATIONS.

1. Mrs. Smith brought in her dog, Max, with a broken leg. Max stayed in the hospital for seven days with the following costs:

Hospitalization	\$34.50 per day
Medications	\$17.25 per day
Fluids	\$15.00
Surgery	\$150.00
Anesthesia	\$36.00
Laboratory	\$38.50
Rx	\$30.00

Mrs. Smith is a Senior Citizen and receives a 10% discount. How much is Mrs. Smith's bill when she comes in to pick up Max? ANSWER \_\_\_\_\_

2. Mr. James brings in his dog, Ginger, for surgery and boarding while he is on his three week vacation. Ginger weighs 35 pounds. The cost for boarding dogs is as follows:

1-30 pounds	\$14.00 per day
31-50 pounds	\$15.00 per day
over 50 pounds	\$16.25 per day

There is no boarding fee charged for the day of surgery. Ginger incurred the following expenses while in the hospital:

Surgery	\$150.00
Anesthesia	\$36.00
Laboratory	\$38.50
Medication	\$30.00

What is the total cost for Ginger's visit? \_\_\_\_\_

3. Add the following:

$$27.50 + 31.00 + 101.00 + 47.25 = \underline{\hspace{2cm}} \text{ less } 20\% = \underline{\hspace{2cm}}$$

## TECHNICAL AND RECEPTION STAFF APPLICATION

I have experience in the following areas:

### CLERICAL

- Typing letters and reports
- Composing business letters
- Typing speed per minute
- Computer experience
- Answering phone
- Filing records
- Billing experience

### CLINICAL

- Taking radiographs
- Developing radiographs
- Preparing surgery packs
- Assisting in surgery
- Dentals
- Setting up fecals
- Reading fecals
- Intubating
- Drawing blood
- Euthanasia

### LABORATORY

- CBC
- Feline Leukemia/AIDS test
- Chemistries
- Urinalysis
- Vaginal cytology
- Hematocrit
- Heartworm test Direct/Antigen
- Fungassay
- Skin scraping

TECHINICAL APPLICATION

1. Place the following names in alphabetical order:

- |                 |    |       |
|-----------------|----|-------|
| Michael Swartz  | 1. | _____ |
| Ann Leonard     | 2. | _____ |
| Sue Michaels    | 3. | _____ |
| John Schwarts   | 4. | _____ |
| Fay Lee Meadows | 5. | _____ |
| James Mitchner  | 6. | _____ |

2. Choose the correct spelling from the following groups of words:

- |              |          |              |
|--------------|----------|--------------|
| veterenarian | allargy  | examinasion  |
| veterinarian | allergy  | examenation  |
| vetarinerian | allergie | examinnation |
| vetarinarian | alergy   | examination  |

- |        |          |            |        |
|--------|----------|------------|--------|
| suturr | diarrea  | vomiting   | flem   |
| suture | diarrhea | vommitting | phlegm |
| suture | diarrhia | vomitting  | phlym  |
|        | diarea   | vommiting  | flim   |

3. Define the following words:

Malpractice

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

Ethical

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

Euthanasia

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

Chronic

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

Acute

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

### KENNEL PERSONNEL APPLICATION

Kennel work entails many types of duties. Please check the following that you have had experience with:

**PET CARE:**

\_\_\_\_\_ Cleaning cages and runs

\_\_\_\_\_ Feeding

\_\_\_\_\_ Bathing and Brushing

\_\_\_\_\_ Trimming Nails

\_\_\_\_\_ Expressing Anal Glands

\_\_\_\_\_ Holding for examinations

\_\_\_\_\_ Giving medications

**MAINTENANCE:**

\_\_\_\_\_ General clean up

\_\_\_\_\_ Mopping Floors

\_\_\_\_\_ Waxing and buffing floors

\_\_\_\_\_ Lawn mowing

In addition to the care and maintenance duties of a kennel person, we depend on them to notice any uncharacteristic behavior of the animals. These changes can be due to many causes, homesickness or illness.

Please briefly describe some of the changes you would look for :

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## **APPLICANT CONSENT TO DRUG/ALCOHOL TESTING**

I understand it is the policy of the Kettering Animal Hospital to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with the company/organization is the satisfactory passing of a drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the company/organization, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the practice and other officially interested parties the results of my tests.

At this time I consent to a drug and/or alcohol test.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Witness)

## DISCLOSURE FOR BACKGROUND CHECK

[Kettering Animal Hospital] (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment, volunteer service, or a contracted position, including promotion or retention, as an employee, volunteer or independent contractor, as applicable.

TalentWise Inc., a consumer reporting agency, will obtain the report for the Company. Further information regarding TalentWise, including its privacy policy, may be found online at [www.TalentWise.com](http://www.TalentWise.com). TalentWise is located at 19910 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (877) 982-9888.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that may be included in your report include: *social security number trace, authorization to work checks, criminal records checks, civil record checks, financial information and credit checks (Experian U.S. Credit), federal record checks, public court records checks, driving records checks, drug tests, physical tests, educational records checks, employment history verification, references checks, sanction, licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Company.

## AUTHORIZATION FOR BACKGROUND CHECK

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by TalentWise, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

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

Full Middle Name: \_\_\_\_\_

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

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