



FOLAND VETERINARY SERVICES, PLLC

Employment Application

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone Number		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for			Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>

I am available to work (Please check all that apply)		Holidays <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>	Variable Shifts <input type="checkbox"/>	Rotating Shifts <input type="checkbox"/>
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please, give date of birth			
Are you bilingual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what language(s) do you speak other than English?			
Have you been employed with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list when and where			
Do you currently have any relatives working for us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list who			
Are you a citizen of the United States?						
Upon employment, can you provide documentation verifying your identity and valid proof that you are a U.S. citizen, permanent resident or foreign national with authorization to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you ever been discharged or disciplined by an employer for theft, harassment, retaliation, discrimination, disruptive behavior, using or possessing a weapon on company premises, using or possessing illegal drugs and/or illegal substances, or for any other inappropriate conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Have you ever been convicted or pled guilty, no contest, or received deferred adjudication or probation for any criminal offense other than for a minor traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please, give dates & details	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Tell us why you would like to work for us:

Please list any special qualities, skills, attributes, and/or accomplishments you possess:

Are there limitations that would preclude you from doing this job? YES NO If yes, explain:

EDUCATION

High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other Education/Training					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES: PLEASE LIST THREE PROFESSIONAL (NON-RELATIVES) REFERENCES.

Full Name				Relationship			
Occupation				Years Acquainted			
Phone Number				Company			
Address							
Full Name				Relationship			
Occupation				Years Acquainted			
Phone Number				Company			
Address							
Full Name				Relationship			
Occupation				Years Acquainted			
Phone Number				Company			
Address							

PREVIOUS EMPLOYMENT:

START WITH THE MOST RECENT. PLEASE BE PREPARED TO EXPLAIN ANY GAPS IN YOUR WORK HISTORY.

Employer		Phone Number	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
What did you like most about the position?			
What did you like least about the position?			
Employer		Phone Number	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
What did you like most about the position?			
What did you like least about the position?			
Employer		Phone Number	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
What did you like most about the position?			
What did you like least about the position?			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

In case of an emergency, please notify

Relationship & Phone number

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application or provided by me is true and complete to the best of my knowledge, and understand that false statements or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation/background check of any or all statements contained in this application to provide relevant information and opinions that may be useful in making the hiring decision. I understand this application does not constitute a contract for employment nor guarantee of employment for any definite period of time. If I am hired, I understand that I have been hired at the will of the employer and my employment can be terminated at any time, with or without cause or notice. By signing this application, I hereby release Foland Veterinary Services, PLLC from liability for damages of any kind that may result from obtaining information about my employment history, education, criminal conviction record, credit history, driving or motor vehicle records, licensing or certification record for use in connection with my potential employment. I understand that Foland Veterinary Services, PLLC believes in operating a drug-and alcohol-free workplace, and all offers of employment are conditional upon successfully passing a drug and/or alcohol test. I understand that if my drug and/or alcohol test turns out positive, I will not be eligible for hire, or if I am hired pending the outcome of such test, I will be subject to immediate termination. I hereby release Foland Veterinary Services, PLLC from any claims or liability arising out of or related to the enforcement of its Alcohol and Drug Abuse policy, including but not limited to, all claims for injuries to my person or damage to my reputation resulting from drug and alcohol testing and searches or the release of information concerning such testing or searches.

I have read, understand, and by my signature consent to these statements.

Signature	Date
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FOLAND VETERINARY SERVICES, PLLC

Pre-Interview Screening

Please complete ALL question to the best of your ability. Applicants seen using their cell phone and any other types of aids will be disqualified. Foland Veterinary Services, PLLC wants to see what YOU know.

1) Place the following names in correct filing alphabetical order:

Michael Swartz	_____
Ann Leonard	_____
Clint Moore	_____
Sue Michaels	_____
Ronald MacDonald	_____
John Schwartz	_____
Iraj Farshchian	_____
C. H. Moore	_____
Roland McDonald	_____

2) Circle the correct spelling from each of the following groups of words:

- Veterenarian / Veterinarian / Vetarinaren / Vetanarian
- Allargy / Allergy / Allergie / Alergy
- Suturr / Suttire / Suture / Sewture
- Diarrea / Diarrhea / Diarrhia / Diarhea
- Vomiting / Vommiting / Vomitting / Vommiting
- Flem / Phlegm / Phlym / Flim

3) Define the following words:

Ovarian Hysterectomy:

Malpractice:

Euthanasia:

Chronic:

Placebo:

Acute:

Subcutaneous:

Heartworm:

Intravenous:

Suture:

Parasite:

Quarantine:

DVM:

4) Do calculations on the back of this sheet:

- Mrs. Smith brought in her dog, Max with a broken leg. Max stayed at the clinic for 7 days with the following costs:

Hospitalization:	\$5.00 / day	Lab Work:	\$20.00
Medications:	\$2.75 / day	Rx:	\$5.25
Fluids:	\$20.00	Nail Trim:	N/C
Surgery:	\$55.00	Anesthesia:	\$25.00

- Mrs. Smith is a senior citizen and consequently receives a 10% discount.
- How much is her total bill when she comes to pick up Max? \$ _____

5) Circle the procedures in which the owners should be informed to take up food and water:

- Several clients called to schedule appointments for their pets. You schedule an exam for a dog that has been sneezing, a cat for a hysterectomy, two dogs for a bath and dips, a dog neuter, and a cat toe nail trim. Hospital policy dictates that food and water should be pulled by midnight the night before any procedure that requires anesthesia.

6) It is recommended that heartworm tests be performed yearly on dogs. There are two different methods of testing. A filter test is run for any dog that has either been on daily heartworm preventive, off monthly preventive for more than six months or on no preventive at all. An occult heartworm test is used for any dog that has been on monthly preventive consistently, or has not missed more than six months.

Spot has never been on heartworm preventive. Snuggles has been on heartworm preventive for 2 years but skipped last month. Precious has been taking daily preventive all of her life. Hobbs, the only cat in the group, has never been on heartworm preventive.

Indicate below which type of test should be used on each animal:

(OHW = Occult heartworm Test) (HW = Filter Test)

A) Spot _____

B) Snuggles _____

C) Precious _____

D) Hobbs _____

7) -How do you feel about euthanasia?

-Do you have any pets at this time? How many and what breed? Are they spayed or neutered?

-What vaccines should a dogs receive? Cats?

-Why do you want to work at a veterinary clinic?

-Describe what you think are the duties of the postions you are applying for.

-What experience do you have in either a medical or veterinary office?

-What skills or talents do you have that would be useful in our practice?

-What are you preferred hours to work?

-What are you personal goals for the next 5-10 years?