



Animal Emergency & Referral Center of Minnesota

Application for Employment *page 1*

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; selection decisions are based on job-related factors. Please include an up-to-date copy of your resume when submitting this application for employment.

Personal

Today's Date _____

Are you 18 years or older? Yes No

Name _____
Last First Middle

Present Address _____

Telephone (_____) _____ E-mail _____

Position applied

- Certified Veterinary Technician Assistant or Patient Care Technician
 Client Service Veterinarian

Department:

- Emergency & Critical Care Specialty & Referral (specify) _____
 Other (specify) _____

Hours & Shifts Desired:

- Full Time Part Time (specify hours) _____

Are you willing to work nights, weekends and holidays? No Yes

Were you previously employed by this organization? No If yes, when? _____

Have you applied here previously? No If yes, when? _____

Were you referred by anyone? No Yes – name? _____

When are you available to start? _____ Expected rate of pay \$ _____ per hour.

List work experiences or skills that you feel would best qualify you to work at AERC. Please add any additional comments you think are important for us to consider.

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

List any other names you have previously used for employment (i.e. maiden name, married name, etc.)

List memberships, awards, hobbies and other activities or interests that pertain to veterinary medicine.



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Name _____ Date _____

Professional References

Name & Title	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Educational Record

School	Degree	GPA
High School _____		
College/University _____		
Business/Trade/Correspondence _____		
Other _____		

Do you type? Yes No Do you have computer skills? Yes (specify) No

Work History (beginning with most recent, list all past employers)

<i>Company</i>		<i>Address</i>	
<i>Dates of Employment</i>		<i>Supervisor</i>	<i>Phone</i>
<i>Job Title</i>		<i>Reason(s) left company</i>	
<i>Rate of Pay at Hire</i>	<i>Current Rate</i>		
<i>Job Description, Duties and Experience</i>			

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Name _____ Date _____

<i>Company</i>		<i>Address</i>	
<i>Dates of Employment</i>		<i>Supervisor</i>	<i>Phone</i>
<i>Job Title</i>		<i>Reason(s) left company</i>	
<i>Rate of Pay at Hire</i>	<i>Current Rate</i>		
<i>Job Description, Duties and Experience</i>			

<i>Company</i>		<i>Address</i>	
<i>Dates of Employment</i>		<i>Supervisor</i>	<i>Phone</i>
<i>Job Title</i>		<i>Reason(s) left company</i>	
<i>Rate of Pay at Hire</i>	<i>Current Rate</i>		
<i>Job Description, Duties and Experience</i>			

<i>Company</i>		<i>Address</i>	
<i>Dates of Employment</i>		<i>Supervisor</i>	<i>Phone</i>
<i>Job Title</i>		<i>Reason(s) left company</i>	
<i>Rate of Pay at Hire</i>	<i>Current Rate</i>		
<i>Job Description, Duties and Experience</i>			



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Name _____ Date _____

Please answer the following questions:

1) Describe your understanding of how client service relates to veterinary medicine

2) Define the word 'initiative' and give an example of the last time you embodied this



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Name _____ Date _____

Affidavit

*I certify that all information I have provided in this application (pages 1-3) 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 consumer report from a consumer reporting agency. 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 a right to make a written request within a reasonable time for the disclosure of name and address of the consumer 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 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 Animal Emergency & Referral Center of Minnesota Use Only