



NEWPORT-MESA
Animal Hospital
 Thomas M. Irwin, DVM

If hired, would you have a reliable means of transportation to and from work?

Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes No

Experience and Skills

What is Your Skill Level?			
Office Skills	Fair	Good	Exc.
Keyboarding Skills			
Computer			
Word Processing			
Excel			
Single/Multi-line Phone Skills			
Medical Terminology			
Appointment Scheduling			
Charting			
What is Your Skill Level?			
Clinical Skills	Fair	Good	Exc.
CPR Training			
Urinalysis			
Blood Collection			
Radiology			
Injections, IV, etc.			
Anesthesia			
Fecal Tests			
Heart Worm Tests			
Leukemia Tests			
OSHA & Safety Regulations			
Animal Restraint			

Special Courses

Or Training: _____

Additional: _____



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Certificates or Licenses

Cert. Name	Certificate/License #	Date Issued	Expiration Date
1. _____			
2. _____			

General Information

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Please list applicable experience, skills, or qualifications: _____

Are you available for the work hours required for the position for which you are applying? Yes No

Are you available to work overtime, if needed? Yes No

If applicable, do you have the required license(s) to perform the job? Yes No

Can your vacations be arranged at practice convenience? Yes No

If no, please explain: _____



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Do you illegally use drugs? Yes No

If hired, are you willing to participate in random drug screenings? Yes No

Date available to start? (mm/dd/yy) _____

Salary requirements: \$ _____/hour; \$ _____/day; \$ _____/month

Benefit requirements: _____

Please indicate your availability to work: Days Evenings ____ # Days/wk.

Circle the days of the week you will **NOT** be available to work:

Mon Tue Wed Thu Fri Sat Sun

Education, Training and Experience

School	Name & Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

Address

 City State Zip

College/ University/ Vocational	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

Address

 City State Zip



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Employment History

List below all present and past employment starting with your most recent employer (last three years is sufficient). Account for all periods of unemployment. Attach additional pages if necessary. **You must complete this section even if attaching a resume.**

 Name of Employer

 Telephone No.

 Type of Business

 Your Supervisor's Name

 Address & Street

 City

 State

 Zip

Dates of Employment: _____
 From To

Hourly Pay: _____
 Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

 Name of Employer

 Telephone No.

 Type of Business

 Your Supervisor's Name

 Address & Street

 City

 State

 Zip

Dates of Employment: _____
 From To

Hourly Pay: _____
 Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No



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 Name of Employer Telephone No. (____) _____ - _____

 Type of Business Your Supervisor's Name _____

 Address & Street City _____ State _____ Zip _____

Dates of Employment: _____ Hourly Pay: _____
 From _____ To _____ Starting _____ Ending _____

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

Personal References

Please list persons who you know well – **not** previous employers or relatives.

 First Name Last Name Telephone No. (____) _____ - _____

 Address & Street City _____ State _____ Zip _____

 Occupation _____ no. of Years Acquainted _____

 First Name Last Name Telephone No. (____) _____ - _____

 Address & Street City _____ State _____ Zip _____

 Occupation _____ no. of Years Acquainted _____



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Miscellaneous

*Person to be notified in case of accident or emergency:

_____ (_____) _____ - _____
First Name Last Name Telephone No.

_____ City State Zip
Address & Street

Questions

If the doctor asks you to break 7 pills into quarters and 12 pills into halves, how many pieces will you have total? _____

Mrs. Smith is concluding her bill. Her dog received a DHP vaccine for \$22.50, a Bordatella vaccine for \$24.76, and a Rabies vaccine for \$27.85. She then added on a 30 pound bag of W/D dog food for an additional \$48.95. Because Mrs. Smith is a senior citizen, we gave her a 10% discount. After the discount, what would the total cost of the bill be? _____

Mrs. Jones is concluding her bill totaling \$77.84. She handed you a \$100.00 bill. How much change would you give her? _____

What are your long term goals and how do you plan to reach them? _____

How do you handle/ react to high stress situations? _____



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Please Read Carefully and Initial Each Paragraph.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____ Initials

I hereby authorize, Newport Mesa Animal Hospital to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. _____ Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. _____ Initials



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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will" with or without cause, and with or without notice, at any time, either at the option of the employee or employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are condition upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives

Applicant's signature: _____ Date: _____