



Animal Tracks Veterinary Service, LLC

1225 North Nelson Road

Viroqua WI 54665

www.animaltracksvet.com

email: animaltracksvet@mwt.net

Tel: (608) 637-6407 Fax: (608) 637-8830

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name: _____

Address: _____ City _____ Zip Code _____

Daytime Phone at Which You Can Be Reached: _____

Evening Phone at Which You Can Be Reached: _____

Position you are applying for: Receptionist Veterinary Assistant Groomer

Certified Veterinary Technician Kennel/Doggie Daycare Attendant

I can work: Days _____ Evenings _____ Part time _____ Full Time _____ Holidays _____

Weekends _____ Overtime _____

No. of days per week _____ No. of hours per week _____

Date available to start: _____

Ideal starting wage _____ Where would you like to be in 1 year? _____

GENERAL INFORMATION

Are you at least 18? Yes____ No____ (if no, please show work permit)

Do you have the legal right to work in the U.S.? Yes_____ No_____

Have you ever been convicted of a crime? If so, provide the nature and date of the conviction. The conviction will be reviewed solely to determine if it substantially relates to the position for which the applicant is seeking.

JOB SKILLS

Have you had previous work experience with animals? In what capacity?

Please list your office skills (i.e. typing, computer, bookkeeping, etc.):

Please list your clinical skills (i.e. blood collection, microscope, etc.):

Please explain how you could be an asset to Animal Tracks Veterinary Service?

Education	School Name	No. of Years Attended	Date of Graduation	Course Major
High School				
College				
Graduate				
Training/Special Courses				
Other				

Certificates or Licenses

Type	License #	Date Earned	State Issued	Current Through

References (Please list 3 business related individuals who are not relatives and are not listed previously as supervisors.)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Employment / Work Experience

Cover the last 7 years; include periods of self-employment, or unemployment. Answer all questions here and throughout this employment application form. If additional space is needed, please use the back of the page.(List Present or Most Recent First)

Name of Employer	Date of Employment From _____ To _____
Address	Supervisor and Phone Number
Job Title & Duties	Reason for Leaving
Final Salary/Wage: \$ _____	May We Contact? ____ Yes ____ No
Name of Employer	Date of Employment From _____ To _____
Address	Supervisor and Phone Number
Job Title & Duties	Reason for Leaving
Final Salary/Wage: \$ _____	May We Contact? ____ Yes ____ No
Name of Employer	Date of Employment From _____ To _____
Address	Supervisor and Phone Number
Job Title & Duties	Reason for Leaving
Final Salary/Wage: \$ _____	May We Contact? ____ Yes ____ No

General Agreement

I understand that all offers of employment are on receipt of satisfactory responses to reference requests and that the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

Authorization to Check References

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorized the references listed above, as well as all other individuals whom the practice may contact, to provide all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties and persons from all liability for damages that may result for furnishing the practice with such information as well as from the use and disclosure of such information by the employer or any of its agents, employees or representatives. I understand that any misrepresentations, falsification, or omission of material information on this application may result in my failure to receive an offer, or if I am hired; my dismissal from employment.

Employment Relationship

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at-will", with or without notice, at any time, either at the option of the employee or the employer. The "At-Will" employment policy includes all employees including those presently employed by the practice. 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 forgoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically and in writing that 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.

I understand that if employed by *Animal Tracks Veterinary Service, LLC* I will be on a three (3) day training program that will be unpaid if unsatisfactory work performance is noted. I also agree to give two weeks notice before quitting any position. Attendance on scheduled days is mandatory unless prior notice is given to the company or other staff member agrees to cover missed shifts.

Applicants Signature _____ Date