

OAK VIEW ANIMAL HOSPITAL  
2127 Old Montgomery Highway  
Pelham, AL 35124

**Application for Employment**  
**You must be at least 16 years of age to apply.**

Desired Position: \_\_\_\_\_

Today's date: \_\_\_\_\_

**PERSONAL INFORMATION**

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

Social Security # \_\_\_\_\_

Are you 18 years of age or older? Yes No

Drivers License # \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell/alternate Phone: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Are you legally eligible to work in the United States? Yes No

What hours are you available to work? \_\_\_\_\_

Are you available to work on Saturday and Sunday? Yes No

**DESIRED EMPLOYMENT**

Date you can start: \_\_\_\_\_

Salary request: \_\_\_\_\_

Are you employed now? Yes No

Who referred you to Oak View Animal Hospital?  
\_\_\_\_\_

**EDUCATION**

Please include dates attended and courses taken where applicable

High School (s):

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

Location: \_\_\_\_\_

College/ Vocational School/ Professional School (s):

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

Location: \_\_\_\_\_

**WORK EXPERIENCE:**

1. Have you worked with or around animals previously?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Have you had any other experience or special training that you feel may benefit this clinic?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you had any military experience?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you worked with computers?    Yes    No    If yes, please list the programs and/or  
 equipment you are familiar with. \_\_\_\_\_  
 \_\_\_\_\_
5. Have you had any experience as a receptionist?    Yes    No
6. Do you belong to any organizations that may be relevant to this position? \_\_\_\_\_  
 \_\_\_\_\_
7. Have you ever been convicted of a crime:            Yes    No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
8. Are there any arrests or criminal accusations pending against you currently?  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT:**

1. Present or last employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 May we contact your supervisor?    Yes    No  
 Description of work: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_
2. Name of Previous Employer \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? Yes No

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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3. Name of Previous Employer \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? Yes No

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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4. Name of Previous Employer \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your supervisor? Yes No

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**PERSONAL & PROFESSIONAL REFERENCES:**

Please list at least two Professional References in addition to your Personal References to whom you are not related and have known for at least one year.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for and damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make authorized company representative.”

## PRE-EMPLOYMENT QUIZ

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Mr. Green brings two pets into the clinic. Each pet received a Rabies immunization. Each Rabies immunization costs \$22.00. "Fluffy" also received a Bordetella immunization (\$15.00) and his other pet ("Spot") also received a feline leukemia immunization (\$18.00). Mr. Green purchases one box of Frontline Plus flea and tick control at a cost of \$28.00 per box. What is the total of Mr. Green's bill?

2. The total of Ms. Scot's bill for today is \$146.18. She gives you two one hundred dollar bills. How much change do you give her?

3. Mr. Bob is eligible for a 10% discount on his pet's bill today. His pet's bill comes to \$89.00. How much of a discount will he get and how much should he pay you?

4. Some of the following words are not spelled correctly. Put a smiley face next to those spelled correctly and put a line through those that are not spelled correctly.

veterinarian	fecal
diarrhea	vomitting
immunisation	vaxination
perscription	wurms
Wenesday	radiographs
Rockweiler	Dalmation
spayed	neuter

5. For the following sentences choose a synonym for the word in all capital letters.

If a pet is feeling LETHARGIC, you could also describe his condition as:

diarrhea      sluggish      dangerous      energetic

The kitten was EMACIATED. Another way to say emaciated is:

obese      fractious      very thin      tired

6. Mrs. Shy called to request a refill of her cat's TOPICAL medication. How is a topical medication given to pets?

by injection      by mouth      by rubbing onto the skin

7. The vet prescribed an ophthalmic medication for Mr. Cowan's dog. Where will Mr. Cowan be placing the medication?

in the eyes      in the nose      in the mouth      in the ears      on the skin

8. The doctor has advised Mr. Bill to give his pet one quarter of a pill every 12 hours. As you explain the instructions to Mr. Bill, you might also describe one quarter of a pill as: (please circle all of the correct answers).

a fourth      1/2      25%      1/8      1/4      75%

9. At the end of the pet's exam, the vet said "an annual recheck exam is needed." When do you schedule the recheck exam?

1 week      1 month      3 months      6 months      10 days      12 months

10. You are asked to file medical records. Please put the following charts in order (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>).

\_\_\_\_ Lisal Davidson and her cat Forrester  
and her dog Penny

\_\_\_\_ Ali Davis and her dog Aggie

\_\_\_\_ Andrea Davis

\_\_\_\_ Keely De and her rabbit Roxy  
Davies and his bird Quasar

\_\_\_\_ Tyler Davidson and his cat Mike

\_\_\_\_ Stephen

\_\_\_\_ Ali Davis and her cat Binky  
and his dog Buster

\_\_\_\_ Alton Davie and his cat Dilly

\_\_\_\_ Ty Deacon