Thank you for your interest in a position at Pet Medical Center of Duncanville!

We are always looking for good candidates to JOIN OUR TEAM regardless of our current staffing needs.

At PMCOD, we take great care in choosing and training our team of compassionate, pet-loving professionals. We are proud to have some of the areas finest receptionists, technicians, and kennel attendants who are dedicated to providing exceptional care.

Attached you will find an application for employment.

Please complete this application *in its entirety*.
You may email it to info@PMCOD.net
or fax it to 972-296-8286.

We can't wait to hear back from you!

All areas of this application must be complete in order to be considered for employment.

If any blank on this application is left empty, it will be returned to you immediately for you to complete.

Applications stating "See Resume" will not be considered for employment.

Contact information for previous employers must be complete, accurate and current.

Please label each page the application with your first and last name.

Please list your current phone number AND email address.

When listing previous employers, include CURRENT contact information for either your direct supervisor or the Human Resources department. We must be able to verify previous employment, so we must have current information.

ANIMAL HOSPITAL
APPLICATION FOR EMPLOYMENT

Name (Last, First, Middle)			Date
Street Address		Length of time at current address: _____ yrs _____ mos	Phone (cell): ( ) - Phone (home): ( ) -
City	State	Zip Code	Social Security # - -
Email address:		Previous home address:	
Are you known by schools or prior employers by another name? ____ Yes ____ No		If yes, list here:	

Position Desired	Level of Experience:	Applying for:	Hourly rate Desired $	Date you
Vet Tech Vet Assistant Front Office Kennel Other	None Minimal Moderate Advanced	____ Full Time ____ Part Time If part time, list VERY SPECIFIC times you are available to work:	Are you employed now? ____ Yes ____ No	can start? _____

Name of High School	City, State		Graduated: Yes No GED received: Yes No	
Name and Location of Colleges / Trade Schools	Major	Graduated?	Hours Completed	Overall G.P.A.
		___ Yes ___ No		
		___ Yes ___ No		

Please list your office & computer skills applicable to this job (ie. operation of a computer, printer, scanner, copier, fax machine...)

What specific software packages have you used?

Please list any other training, licenses or qualifications which may relate to the kind of position for which you are applying.

ALL AREAS OF THIS APPLICATION MUST BE COMPLETE IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.
APPLICATIONS STATING "SEE RESUME" WILL NOT BE CONSIDERED FOR EMPLOYMENT.
CONTACT INFORMATION FOR PREVIOUS EMPLOYERS MUST BE COMPLETE, ACCURATE AND CURRENT.
PLEASE LABEL EACH PAGE OF THIS APPLICATION WITH YOUR FIRST AND LAST NAME.

EMPLOYMENT INFORMATION - List most recent employment first Last Name: _____ First Name: _____

Dates of Employment
From ____/____/____ To ____/____/____

Company Name

May we contact this employer?
___Yes ___No

Company Location (City, State)

Name and Phone Number of Supervisor

Company phone number
( ) -

Position Held

Start Salary End Salary

Reason(s) for Leaving - *Do not leave blank.*

Description of Duties

Are you eligible for rehire? Yes or No

Dates of Employment
From ____/____/____ To ____/____/____

Company Name

May we contact this employer?
___Yes ___No

Company Location (City, State)

Name and Phone Number of Supervisor

Company phone number
( ) -

Position Held

Start Salary End Salary

Reason(s) for Leaving - *Do not leave blank.*

Description of Duties

Are you eligible for rehire? Yes or No

Dates of Employment
From ____/____/____ To ____/____/____

Company Name

May we contact this employer?
___Yes ___No

Company Location (City, State)

Name and Phone Number of Supervisor

Company phone number
( ) -

Position Held

Start Salary End Salary

Reason(s) for Leaving - *Do not leave blank.*

Description of Duties

Are you eligible for rehire? Yes or No

Dates of Employment
From ____/____/____ To ____/____/____

Company Name

May we contact this employer?
___Yes ___No

Company Location (City, State)

Name and Phone Number of Supervisor

Company phone number
( ) -

Position Held

Start Salary End Salary

Reason(s) for Leaving - *Do not leave blank.*

Description of Duties

Are you eligible for rehire? Yes or No

Dates of Employment
From ____/____/____ To ____/____/____

Company Name

May we contact this employer?
___Yes ___No

Company Location (City, State)

Name and Phone Number of Supervisor

Company phone number
( ) -

Position Held

Start Salary End Salary

Reason(s) for Leaving - *Do not leave blank.*

Description of Duties

Are you eligible for rehire? Yes or No

Last Name: _____ **First Name:** _____

Please list three PROFESSIONAL references below. These individuals should not be relatives nor previous supervisors.

FULL NAME	BUSINESS NAME OR ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU
1			
2			
3			

Do we have permission to contact your work and personal references? _____ Yes _____ No

Comments:

Signature: **Date:**

Have you ever been discharged by an employer? _____ Yes _____ No

If yes, please list the name, address and phone number of the employer and explain the circumstances surrounding the discharge.

Do you consent to having a criminal background check conducted? _____ Yes _____ No

Signature:

****After a conditional offer of employment, an applicant may be requested to take a drug test.**

Pre-Employment Statement

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or separation from the Company's services. Unless indicated elsewhere in this application, I hereby authorize the Company to verify all of the information I have provided in this application. I hereby authorize any persons to furnish information concerning any of the information I have provided in this application and release such person from any and all liability arising therefrom.

I understand that if I am employed by the Company, my employment and compensation can be terminated, with or without cause and with or without prior notice, at any time.

Signature: **Date:**

EMPLOYMENT QUESTIONNAIRE (pg. 1)

Last Name: _____ First Name: _____

Our hospital is staffed on the following days during the following hours:
(Please make a note next to any hours YOU ARE NOT AVAILABLE TO WORK.
This information could be a deciding factor regarding your employment so
please be as specific as possible).

Mon through Fri	**7:30 am - 6:30 pm**
Saturday am	**7:45 am - 1:00 pm**
Saturday pm	**4:00 pm - 7:00 pm**
Sunday am	**8:00 am - 10:00 am**
Sunday pm	**4:00 pm - 7:00 pm**

Please describe your familiarity with Windows-based computer operations.

Please describe any previous formal or informal IT experience.

Which Microsoft Office programs can you use? List your skill level for each (Beg., Int., Adv.)

Please list all veterinary practice management software packages you have used.

Describe your experience with phone systems (# of lines answered, intercom, voicemail, etc.)

Do you have any public relations experience? If so, please describe.

Do you enjoy working with the public? What do you find most frustrating?

Do you smoke? _____ Yes _____ No

EMPLOYMENT QUESTIONNAIRE (pg. 2)

Last Name: _____ **First Name:** _____

If you own any pets, please list the species, breed and age of each.

1

2

3

4

5

Would you have difficulty lifting a 35-pound dog into a cage four feet off the floor? ____ **Yes** ____ **No**

Would you have difficulty carrying a 40-lb bag of dog food up or down a flight of stairs? ____ **Yes** ____ **No**

What salary and fringe benefits would you expect to have after one year of employment?

What motivates you to work?

Why do you want to work at a veterinary hospital?

Do you currently have any plans to be away from work for any reason? (i.e. vacations, holidays, etc.)

What would you say are the most important aspects to running an exceptional animal hospital?

Please tell us why you should be selected for a position at our hospital.

EMPLOYMENT QUESTIONNAIRE (pg. 3)

Last Name: _____ **First Name:** _____

On a scale of 0 - 10 with 10 being the highest score, how skilled are you at the following:

____ Ability to work with others using a teamwork philosophy
____ Ability to maintain composure during emergency situations
____ Ability to provide basic grief counseling to clients
____ Ability to alert clinician/other staff to changes in patient status
____ Providing comfort/assurance to clients in an emergency
____ Understanding when to asking others when unsure of something
____ Compassionate canine handling and restraint
____ Compassionate feline handling and restraint

On a scale of 0 - 10 with 10 being the highest score, how knowledgeable are you in the following areas:

____ Bandaging and splinting principles
____ Blood transfusion principles
____ Principles of ultrasonography
____ Radiography principles, protection and proper positioning
____ Surgery principles including clip, prep and aseptic technique
____ Anesthetic principles, patient monitoring and IPPV
____ Knowledge of basic pharmacology
____ Knowledge of basic canine and feline behavior

Check the box next to each skill which you are able to perform without assistance:

- ☐ Obtain a thorough patient history from clients
- ☐ Obtain vital signs (temperature, pulse, respiration, MM/CRT)
- ☐ Perform parvo, heartworm and FeLV/FIV tests
- ☐ Prep & evaluation of fecal floats and smears
- ☐ Prep & evaluation of ear cytology
- ☐ Prep & evaluation of urine strip and sedimentation
- ☐ Prep & evaluation PCV/TS
- ☐ Prep & evaluate fresh blood smears (platelet count, WBC differential)
- ☐ Prep & evaluate urine cultures
- ☐ Clip and clean wounds
- ☐ SQ, IM, IV injections (K-9 & feline)
- ☐ Venipuncture (K-9 & feline cephalic, saphenous and jugular)
- ☐ IV Catheter placement (K-9 & feline cephalic and saphenous)
- ☐ IV Catheter placement (K-9 & feline jugular)
- ☐ Urine collection via catheterization
- ☐ Perform cystocentesis (K-9 & feline)
- ☐ Placement of indwelling urinary catheters (K-9 & feline - male)
- ☐ Placement of indwelling urinary catheters (K-9 & feline - female)
- ☐ Operation of a coagulation machine
- ☐ Operation of Heska Dri-Chem and Hematrue machines
- ☐ Operation of fluid and syringe pumps (Travenol, Heska, etc.)
- ☐ Obtain radiograph measurements and use a technique chart
- ☐ Perform dental radiography
- ☐ Perform digital radiography
- ☐ Operate an automatic processor
- ☐ Operate an autoclave
- ☐ Properly clean and sterilize surgical instruments
- ☐ Prep & placement of nasal O2 and monitoring
- ☐ ET intubation with and without laryngoscope (K-9 & feline)
- ☐ Use of a non-rebreather system
- ☐ Operate SPO2, ECG, BP and capnograph machines
- ☐ Place and use an esophageal stethoscope
- ☐ Recover and monitor post-operative patients
- ☐ Monitor intensive and critical care patients
- ☐ Perform CPR (K-9 & feline)

**********Describe BOTH your strongest and weakest professional areas.**********

(Please use an additional sheet for your detailed answers).