

ORCHARD MESA VETERINARY HOSPITAL
2668 Highway 50
Grand Junction, CO 81503
970-241-9866
thevets@omvets.com

APPLICATION FOR EMPLOYMENT

Orchard Mesa Veterinary Hospital is an Equal Opportunity Employer. Orchard Mesa Veterinary Hospital does not discriminate based on race, age, color, sex, gender, sexual orientation, religion, creed, national origin, ancestry, physical or mental disability, genetic information, veteran or military status, or other protected status.

Name _____ Date _____
Last First Middle

Address _____
Street City Zip

Telephone _____ Email address: _____

POSITION APPLIED FOR _____

Wage or salary desired \$ _____

Are you under 19 years of age? Yes ___ No ___ If "Yes," state your date of birth: _____

Are you lawfully authorized to work in the United States? Yes ___ No ___

What are you willing to work: Part-time ___ Full-time ___ Temporary ___ (dates ___/___/___ to ___/___/___)

On what date will you be available for work? _____

Are you on layoff and subject to recall? Yes ___ No ___

Do you have any commitments that will necessitate your absence from work during regular work hours for more than three consecutive days within the next six months? Yes ___ No ___ if "Yes," please explain _____

List days of the week and hours of day you cannot work: _____

Are you aware that working in a veterinary practice may require you to work extra hours or overtime some days in order to provide emergency care for our patients? Yes ___ No ___ Will you work over 40 hrs/week if required? Yes ___ No ___ Will you accept out-of-town assignments if required? Yes ___ No ___

Why do you want this job? _____

Job Requirements: (Complete this Section only if you have been told the job qualifications/requirements):

I meet all required educational, experience and certification/license qualifications of the job. Yes ___ No ___

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation. Yes ___ No ___ . Complete any attachment regarding essential physical functions of the job.

Criminal Record: Have you ever been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a felony? (Do not include crimes for which public records are sealed or have been expunged.)

Yes ___ No ___ (Conviction will not necessarily disqualify an applicant for employment) If "Yes," identify nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed. _____

If you are presently charged with committing a criminal offense, identify nature of offense, county and state where charges are pending, and status of the charged (exclude any arrest or charges associated with civil disobedience or military disobedience that has not resulted in a conviction or in a guilty plea. _____

Illegal Drugs. Within the past 60 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other control substances that were not taken as prescribed to you by a physician? Yes ____ No ____

EDUCATION

	Name & Location of School	Graduated?	Major	Diploma/Degree
High School		Yes/No (circle one)		
College – University		Yes/No (circle one)		
College – University		Yes/No (circle one)		
Other Training/Education		Yes/No (circle one)		
Other Training/Education		Yes/No (circle one)		

Have you ever been fired from a job or quit under threat of being fired? Yes ____ No ____ . If Yes, when: _____
 Who was the employer? _____ What reason did the employer give you for your dismissal or forced resignation? _____

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months: _____

WORK HISTORY DURING PAST 7 YEARS (List chronologically every employer during the past 7 years beginning with most current. Add sheets, if necessary. Do not omit any prior employment within this period.)

May we talk to your present employer, now or only if you are hired? Now ____ Only if hired ____

 Employer Address Phone

 Date started Starting Position Starting position

 Date left Position on leaving

 Name & title of supervisor

 Description of duties Reason for leaving

 Employer Address Phone

 Date started Starting position

 Date left Position on leaving

 Name & title of supervisor

 Description of duties Reason for leaving

Employer	Address	Phone
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Date started	Starting position
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Date left	Position on leaving
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Name & title of supervisor

Description of duties	Reason for leaving
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Employer	Address	Phone
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Date started	Starting position
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Date left	Position on leaving
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Name & title of supervisor

Description of duties	Reason for leaving
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In addition to your work history, what other experiences, skills, or qualifications do you have for this job position? _____

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment history, education, criminal records, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist Employer in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. I will submit to and pass any drug test required by Employer as a condition of employment. All employment with Employer is at-will, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will. I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with Employer. I certify that I am submitting this application because of a good faith desire for employment with Employer. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Signature of Applicant	Date
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