

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.

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**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
Date started	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

**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