



Animal Hospital of Pasco

3012 N Road 92
Pasco, WA 99301

(509) 545-9949
www.pascovets.com

Job Application

Form H-150
Rev. 11/15/2013

Thank you for your interest in joining our team! Please fill out this entire application. Incomplete applications may be discarded. The Animal Hospital of Pasco is an equal opportunity employer and does not discriminate on the basis of age*, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, or disability that does not prohibit performance of essential job function. If you have questions, contact Henry James at (509) 545-9949 or by email at henry.james@pascovets.com. Please print clearly.

First name	Middle name	Last name	Suffix (Jr., III, etc.)																								
Current mailing address (include city, state, ZIP):		Phone number(s) we can reach you at:	Are you at least 18 years old? <input type="checkbox"/> Yes. <input type="checkbox"/> Not yet, but I will be 18 on: _____ (date) Are you allowed by law to work in Washington State? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Have you ever been employed by the Animal Hospital of Pasco? <input type="checkbox"/> No. <input type="checkbox"/> Yes, I last worked for AHOP in: _____ (year)																								
(Licensure) Check all that apply: <input type="checkbox"/> I am a licensed veterinarian (DVM). <input type="checkbox"/> I am a licensed veterinary technician (LVT, CVT, etc.) <input type="checkbox"/> I am a licensed veterinary medication clerk (VMC). <input type="checkbox"/> I am a licensed animal massage practitioner. <input type="checkbox"/> I am licensed healthcare provider of a type not listed above. If applicable, in which state(s) are you licensed?		(Schedule) Indicate the days and times you are available to work: <table style="width:100%; text-align:center; border-collapse: collapse;"> <tr> <td></td> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> </tr> <tr> <td>From:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Is there anything you would like us to know about your schedule?			Sun	Mon	Tue	Wed	Thu	Fri	Sat	From:								To:							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat																				
From:																											
To:																											
(Work history) Please provide information about your last three places of employment, beginning with the most recent (or current, if applicable).																											
From (mo./yr.)	To (mo./yr.)	Employer	City & state where employed	Position held/title																							
Whose decision was it to terminate employment? <input type="checkbox"/> Mine <input type="checkbox"/> My employer's <input type="checkbox"/> I still work here May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
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Have you been convicted of any crime involving drugs, alcohol, theft, fraud, or violence in the last ten years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	On what date would you be able to begin working?																							
Are you related to anyone currently or previously employed by the Animal Hospital of Pasco?			<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Are you related to anyone currently employed by another veterinary practice in Benton county or Franklin county?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Favorite flavor of ice cream <input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberry <input type="checkbox"/> Pistachio																							
Are you physically capable of lifting an object that weighs 40 pounds and carrying it 10 yards?			<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Barring unforeseeable events such as the onset of illness or death of a loved one, do you anticipate needing to be absent from work for more than two consecutive days during your first six months of employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No																								

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I authorize the Animal Hospital of Pasco to investigate the truthfulness of all statements made in this application. I release and indemnify my current and former employer(s) from liability for providing information to the Animal Hospital of Pasco.

Your signature: _____ Date: _____

If you have a résumé, cover letter, and/or letters of reference, please attach them to this Job Application and submit the entire packet to Henry James, practice manager. Application packets may be dropped off at our office, mailed in, or emailed. If submitting by mail, please address your envelope to: Animal Hospital of Pasco, Attn: Henry James, 3012 N Road 92, Pasco WA 99301. If emailing, please send your packet to henry.james@pascovets.com (PDF format is preferred; please scan at 400 dpi or better). The questions on this form comply with Chapter 162-12 of the Washington Administrative Code.

*Unfortunately, the Animal Hospital of Pasco cannot employ individuals under the age of 18.