



**Mike Foss, DVM**  
**Amanda Luell, DVM**

(541) 386-6658. 300 Frankton Rd.  
Hood River, OR 97031

## APPLICATION FOR EMPLOYMENT

Position you are applying for:

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Name:

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Last First Middle

Address:

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Street City State Zip Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you at least 18? Yes \_\_\_ No \_\_\_ (if no, please show work permit)

Do you have the legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

A conviction will not necessarily be to bar employment. Please describe the nature of the conviction, the date of conviction and your rehabilitation since:

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Do you consent to a drug test before or during employment? Yes \_\_\_ No \_\_\_

Have you had previously worked with animals? In what capacity?

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Please list you office skills (i.e. typing, computer, bookkeeping, etc.):

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Please list your clinical skills (i.e. blood collection, microscope, etc.):

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## **EDUCATION**

School Name \_\_\_\_\_ No. of Years \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Graduation \_\_\_\_\_  
Course Major \_\_\_\_\_

School Name \_\_\_\_\_ No. of Years \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Graduation \_\_\_\_\_  
Course Major \_\_\_\_\_

School Name \_\_\_\_\_ No. of Years \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Graduation \_\_\_\_\_  
Course Major \_\_\_\_\_

High School \_\_\_\_\_  
Graduate Date \_\_\_\_\_

Special Training \_\_\_\_\_  
Courses \_\_\_\_\_  
Other \_\_\_\_\_

## **CERTIFICATES OR LICENSES**

License Type \_\_\_\_\_ Date Earned \_\_\_\_\_ State Issued \_\_\_\_\_  
Current Through Date \_\_\_\_\_

Do you have experience in the position that you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_

I can work: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Part time \_\_\_\_\_ Full Time \_\_\_\_\_

Holidays \_\_\_\_\_ Weekends \_\_\_\_\_ Overtime \_\_\_\_\_

No. of days per week \_\_\_\_\_ No. of hours per week \_\_\_\_\_

Select the days of the week the you will **not** be able to work:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Date available to start: \_\_\_\_\_

Ideal starting salary \_\_\_\_\_ (per hour)

Where do you want to be in one year?

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## **EMPLOYMENT / WORK EXPERIENCE**

Cover the last 7 years; include periods of self-employment, or unemployment. Answer all questions here and throughout this employment application form. If additional space is needed, please use the back of the page.

List present or **most recent** position first:

**1. Name of Employer:**

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

\_\_\_\_\_

\_\_\_\_\_  
Phone No. \_\_\_\_\_

Employed (Month and Year):

\_\_\_\_\_ To: \_\_\_\_\_

Position(s) held:

\_\_\_\_\_

Supervisors Name and Title:

\_\_\_\_\_

Average number of hours worked per week:

\_\_\_\_\_  
Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Your last name at time of employment:

\_\_\_\_\_

Describe your duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Give specific reason for leaving:

\_\_\_\_\_

**2. Name of Employer:**

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

\_\_\_\_\_

\_\_\_\_\_  
Phone No. \_\_\_\_\_

Employed (Month and Year):

\_\_\_\_\_ To: \_\_\_\_\_

Position(s) held:

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Supervisors Name and Title:

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Average number of hours worked per week:

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Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Your last name at time of employment:

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Describe your duties:

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May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Give specific reason for leaving:

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**3. Name of Employer:**

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Address:

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Phone No. \_\_\_\_\_

Employed (Month and Year):

\_\_\_\_\_ To: \_\_\_\_\_

Position(s) held:

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Supervisors Name and Title:

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Average number of hours worked per week:

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Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Your last name at time of employment:

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Describe your duties:

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May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Give specific reason for leaving:

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**REFERENCES**

Name and Occupation Address Phone Number

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**GENERAL AGREEMENT**

I understand that all offers of employment are on receipt of satisfactory responses to reference requests and that the provision of satisfactory proof of the applicant’s identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer’s discretion.

**AUTHORIZATION TO CHECK REFERENCES**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorized the references listed above, as well as all other individuals whom the practice may contact, to provide all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties and persons from all liability for damages that may result for furnishing the practice with such information as well as from the use and disclosure of such information by the employer or any of its agents, employees or representatives. I understand that any misrepresentations, falsification, or omission of material information on this application may result in my failure to receive an offer, or if I am hired; my dismissal from employment.

**EMPLOYMENT RELATIONSHIP**

If employed, I understand that employment with the practice is not for a specified term and can be terminated “at-will”, with or without notice, at any time, either at the option of the employee or the employer. The “At-Will” employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the “At-Will” nature of the employment relationship unless it is done specifically and in writing that is signed by the employer. I

agree that this constitutes a final and fully binding agreement with respect to the “At Will” nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

I understand that if employed by Hood River Alpine Veterinary Hospital I will be on a three (3) day training program that will be unpaid if unsatisfactory work performance is noted. I also agree to give two weeks notice before quitting any position. Attendance on scheduled days is mandatory unless prior notice is given to the company or other staff member agrees to cover missed shifts.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_