

# Cooper Veterinary Hospital, Inc. – Employment Application

5234 Cypress Street • West Monroe, LA 71291 • 318-396-8099

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for my application being withdrawn and separation from Cooper Veterinary Hospital, Inc. if I become employed. I give Cooper Veterinary Hospital, Inc. the right to investigate all references and to secure additional information about me for the purposes of potential employment. I hereby release from liability Cooper Veterinary Hospital, Inc., any representatives of the company seeking such information and all other persons for furnishing such information needed to obtain employment.

Furthermore, I understand that if I am selected for employment with Cooper Veterinary Hospital, Inc., my employment will be contingent upon the following:

1. Signing the Substance Abuse Policy Acknowledgement/Release and the findings thereof
2. I completely understand that
  - a. I must have reliable transportation
  - b. This is a hospital environment, therefore, flexibility with my schedule is required for overtime, weekends, on-call emergencies and scheduling changes among doctors.

Signature \_\_\_\_\_

Date \_\_\_\_\_

First Name	Middle Name	Last Name
Address - Apt #	City, State, Zip	Date of Birth
Home Phone	Cell Phone	SSN
Driver's License Number	Expiration Date of Driver's License	State of VALID Driver's License

How did you learn of this position? \_\_\_\_\_

Tell us why you would like this job and any special qualifications that may increase your chances of employment:

\_\_\_\_\_

Have you ever been convicted of any violation of law other than minor traffic violations? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

## Education

High School \_\_\_\_\_ Level of Completion: 1 2 3 4 Date of Graduation \_\_\_\_\_

College \_\_\_\_\_ Level of Completion: 1 2 3 4 Date of Graduation \_\_\_\_\_

Trade School \_\_\_\_\_ Level of Completion: 1 2 3 4 Date of Graduation \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ Where? \_\_\_\_\_ Major \_\_\_\_\_

**Employment & References**

Position applied for:	Desired Salary:	Full Time or Part Time	Date Available
Are you employed now:    Yes                  No		What is your current rate of pay?	
Employer	Phone	Manager or Supervisor	May we contact this person for a reference?    Yes    No
Employer	Phone	Manager or Supervisor	May we contact this person for a reference?    Yes    No
Employer	Phone	Manager or Supervisor	May we contact this person for a reference?    Yes    No
Employer	Phone	Manager or Supervisor	May we contact this person for a reference?    Yes    No

**Work History – Begin with the most recent**

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
Reason for Leaving:			

**Office Abilities: Please check yes or no based on your experience**

Yes	No	Description
		Answer multi-line phone
		Record keeping for patients/clients
		Greeting customers and addressing customer concerns
		Keeping accurate account of money (ex: balancing monies at the close of day)
		Mailing out regular reminders to clients/patients
		Appointment scheduling
		In-putting lab results
		Computer entry for medical records
		Basic computer skills: typing, Microsoft Word, Microsoft Excel, calculator, etc. Please list what programs you have worked with?

**Vet Assistant Abilities: Please check yes or no based on your experience**

Yes	No	Description
		Feed and water large and small animals
		Prepare and administer medications
		Prep surgery area, sterilize surgery instruments and assist Vet with surgery and
		Handle, move and restrain animals
		Able to lift animals that weigh up to 100 lbs. and feed sacks up to 50 lbs
		Able to restrain large animals: horses, cows, etc.
		Able to withstand elements on farm calls (heat, cold, rain, etc)
		What computer programs or equipment have you had experience with (ex: ultrasound, x-ray, computerized medical charts, etc)
		Able to cope with the stress of losing animals
		Able to cope with fast paced job requirements
		Able to accommodate flexibility in my schedule with regards to: overtime, on-call emergencies, weekends, and changes in doctor schedule

**Substance Abuse Policy Acknowledgement/Release**

I hereby understand that if I am selected for employment by Cooper Veterinary Hospital, Inc. that I will be I hereby consent to submit to urinalysis and/or other tests as shall be determined/required by Cooper Veterinary Hospital, Inc. for the purpose of determining any drug and/or alcohol content thereof. A urinalysis and/or other test will be required following any accident resulting in loss or injury while employed and on site at Cooper Veterinary Hospital, Inc. I further consent to random urinalysis and/or other tests as required by Cooper Veterinary Hospital, Inc.

I agree that a certified lab or other designated collection site may collect these specimens for these tests and may test them or forward them for urinalysis to a certified testing laboratory designated by the company.

I further agree to and hereby authorize the release of the results of said tests to Cooper Veterinary Hospital, Inc.

I understand that it is the current, illegal use of drugs and/or abuse of alcohol that would prohibit me from being employed at Cooper Veterinary Hospital, Inc. Applicants for employment will be tested for the use of illegal drugs, whereas employees can be tested for the use of illegal drugs and alcohol.

I further agree to hold harmless Cooper Veterinary Hospital, Inc. and its agents from any liability arising in whole or part our of the collection of specimens, testing and use of the information from said testing in connection with Cooper Veterinary Hospital's consideration of my employment, or my employment application if a candidate for employment.

I further agree a reproduced copy of this consent and release form shall have the same force and effect as the original.

I also hereby certify that I have received and read the Employee Handbook and have had the drug-free workplace program explained to me. I understand that if my performance indicates it is necessary, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a confirmed positive result for the illegal use of drugs and/or alcohol will lead to discipline up to an including termination of employment and/or forfeiture of workers' compensation benefits.

I have carefully read the foregoing and full understand its contents.