**Application for Employment**

1. Personal Information DATE\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Driver’s License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Can you, upon employment, verify your legal right to work in the United States? Yes \_\_\_ No \_\_

Are you eighteen years of age or older? Yes \_\_\_ No \_\_\_

Can you show proof of your age? Yes \_\_\_ No \_\_\_

How were you referred? Craigslist \_\_\_ Monster \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Skills/Licenses

Check the once that apply to you:

Licensed Vet. Tech: \_\_\_ Personal Computer \_\_\_ Word Processer \_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Education

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Completed: \_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Completed: \_\_\_\_\_\_\_

1. Employment History

Starting with your present employer, list the three most recent employers.

If currently employed, may we contact your employer? Yes: \_\_\_ No: \_\_\_\_

Name of Present Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hired Date\_\_\_\_\_\_\_\_\_

End Employment Date\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Supervisors name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Pay: \_\_\_\_\_\_\_\_

* Name of Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hired Date\_\_\_\_\_\_\_\_\_\_
* End of Employment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Supervisors name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Pay: \_\_\_\_\_\_\_\_

* Name of Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hired Date \_\_\_\_\_\_\_\_\_

End Employment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Supervisors name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Pay: \_\_\_\_\_\_\_\_

1. Additional Experiences/qualifications

List any other experiences, skills or qualifications which you believe should be considered in evaluating your qualifications for employment. (Exp. Certs, special recognitions, interests)

Please Place a check mark next to the duties you have performed and are competent at performing:

**Veterinary Technician**

* Performing skin scrapes
* Preparing, administering, or dispensing medications, drugs and vaccines (all routes) under vets supervision
* Understand importance of cleanliness of person, work area, and equipment maintenance.
* Collect and prepare blood, urine, and feces for submission to lab
* Appreciate proper labeling and dating of drugs
* Stock routinely used supplies
* Obtain TPR, weight, vomation, urination. Defecation, appetite data
* Identify external parasites
* Recognize and report emergency conditions
* Recognize allergic reactions
* Vain punctures
* Make initial general exam
* Calculate proper rates and administer IV fluid
* Groom, Baths, nail trims
* Perform cytogenesis
* Establish rapport and identify breed
* Restrain patients
* Perform first aid for emergencies
* Perform inhalation therapy
* Remove and apply bandages
* Express anal sacs
* Perform dental prophylaxis
* Perform heart worm tests

**Surgical Technician**

* set up surgery
* set up IV
* know instruments
* use working knowledge of aseptic techniques
* restore cleanliness and order to operating area
* organize instruments in operating theatre
* know safety rules
* proper positioning of animal
* check label 3 times when setting up and/or adding meds
* dedication to patient care
* anticipate needs for surgery
* perform surgical scrub, gowning and gloving
* function in emergency situations
* inventory supplies
* function with minimal supervision
* make IV injections
* perform end tracheal intubation
* induce with barbiturates, thiobarbiturates, and mask induction
* place IV catheters
* prepare and administer preanesthetic medications
* use esophageal stethoscope
* administer and monitor IV fluids
* care and maintenance of anesthetic machines and equipment
* use of inhalant anesthetic (halothane and isoflurine)
* know emergency procedures
* use muscle relaxants
* use EKG and BP monitoring devices
* administer adequate ventilation to patients during thoracic surgery
* use balanced anesthesia techniques
* use mechanical respirators
* administer oxygen therapy

**Central Supply and Sterilization**

* know instruments and proper packing and wrapping techniques
* use knowledge of sterilization methods and procedures
* properly store sterile supplies and use knowledge of shelf life
* safety: proper disposal of sharp objects
* set up an inventory control system
* operate autoclave

**Pharmacy**

* make proper interpretation of DVM’s written prescription, including commonly used Latin abbreviations
* read and interpret medical labels and dates
* prepare medicines for dispensing with proper labeling
* know proper prescription composition if intended for submission at a “human” pharmacy
* calculate dose levels and make dilutions
* have basic familiarity with medications and usage
* Compound preparations such as ointments, liquids, etc.
* set up inventory control, ordering, and receiving system
* counsel clients on proper use and administration of medications
1. Personal References

List three people, other than relatives or former employers, who have known you for at least five years.

Name Address Phone Years known

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Brevard Aid to Animals creates an actual or implied contract of employment. I understand that if I accept employment with Brevard Aid to Animals, it will be on an at-will basis. This means that either Brevard Aid To animals or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing if requested by Brevard Aid to Animals. I release Brevard Aid to Animals and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Brevard Aid to Animals to investigate information concerning my education, employment experiences, and all other aspects of my background relevant to my proposed employment. I release Brevard Aid to Animals and its employees from all liability arising from such investigation.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brevard Aid to Animals is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Brevard Aid to Animals depends solely on your qualifications.