



Dr. Rex Riggs · Dr. Debbie Heidrich
Dr. Todd Kyle · Dr. Ann Baltzell

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bestfriendsvethospital.com

Best Friends would like to thank you for your time and interest in wanting to join our team. We will review your application and call you if we are interested in granting an interview. You should be hearing from us within one week. We ask for your patience while we review all of the applications. Please, no phone inquiries.

Thank you so much for your interest in our business.

Sincerely,

The Staff of Best Friends Veterinary Hospital

Education

Name of School	Degree Awarded?	Grade Average	Honors?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Character References *(not former employers or relatives)*

Name & Occupation	Address	Phone Number

Work History *(beginning with most recent)*

Are you familiar with computer usage & Windows operating systems? Yes No

If you have previous veterinary experience, which veterinary operating software are you familiar with? Intravet Cornerstone Avimark Other

Company	Type of Business		
Company Address			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Dates Employed		Earnings	
From _____ To _____		At hire _____ At termination _____	
Exact Job Title		Immediate Supervisor	
Responsibilities			Reason for leaving

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Exact Job Title	Immediate Supervisor		
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Please complete the following questions in your own handwriting (do not type)

In addition to your work experience listed, what other life experiences, skills, and/or qualifications would especially prepare you to work in our office?

Other than your love for animals, why are you attracted to this job?

Please state which of your previous positions you enjoyed most and explain why.

Briefly describe your short term (1 year) and long term (3year) employment goals.

Applicant Authorization and Consent for Release of Information

Employment with *Best Friends Veterinary Hospital* may involve the care for the pets and property of other people, managing financial transactions and exchange of money, handling of controlled substances, safe management of hazardous materials and x-ray radiation, and many other functions requiring profound responsibility that are required in veterinary practice. Therefore, to ensure that the individuals who join *Best Friends Veterinary Hospital* are and remain well qualified with a strong potential to be productive and successful, it is our policy to conduct comprehensive employment background checks. Background checks are conducted on all job applicants prior to their employment and may be conducted on employees at any time during their employment with us.

Background checks may include, without limitation, criminal record histories, previous employment verification, and professional and personal reference checks, education verifications, and motor vehicle records. In addition, a drug test may be required as a condition of employment or as a condition of continued employment. Further, *Best Friends Veterinary Hospital* will respond to all employment reference check inquires from others. Responses to such inquires will confirm an employee's dates of employment, wage rates, and position(s) held. For employment data to be released, a written authorization and release signed by the individual who is the subject of the inquiry may be requested.

Signature _____ Date _____

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me on this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; with or without cause the employers only obligation being to pay salary or wages due and owing at the same time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____