



APPLICATION FOR EMPLOYMENT

NAME:	Phone:
Present Address:	Social Security #:
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, are you authorized to work in the U.S.? _____ Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position Desired: Salary Desired:	Are you currently employed? If so, may we contact?
When can you start?	Referred by:
FORMER EMPLOYMENT: <i>List all previous employers starting with the most recent</i>	
Employer: _____ Date: _____ To _____ Salary: _____ Address: _____ Position Held: _____ Reason for leaving : _____	
Employer: _____ Date: _____ To _____ Salary: _____ Address: _____ Position Held: _____ Reason for leaving : _____	
Employer: _____ Date: _____ To _____ Salary: _____ Address: _____ Position Held: _____ Reason for leaving : _____	
Employer: _____ Date: _____ To _____ Salary: _____ Address: _____ Position Held: _____ Reason for leaving : _____ Reason for leaving :	
Employer: _____ Date: _____ To _____ Salary: _____ Address: _____ Position Held: _____ Reason for leaving : _____	
EDUCATION:	
High School: _____ How many years attended _____ Did you graduate? _____	
College: _____ How many years attended _____ Did you graduate? _____	
Other: _____ How many years attended _____ Did you graduate? _____	

REFERENCES:

1) Name: _____
Address: _____
Occupation _____ Yrs Acquainted _____ Phone _____
Alt Phone _____

2) Name: _____
Address: _____
Occupation _____ Yrs Acquainted _____ Phone _____
Alt Phone _____

3) Name: _____
Address: _____
Occupation _____ Yrs Acquainted _____ Phone _____
Alt Phone _____

What, if any, experiences do you have that qualifies you for this job?

After reviewing the Job Description for this position, are there any limitations that would preclude you from doing this job?

Explain:

In case of an emergency, please notify: _____
Phone _____ Relationship: _____

AFFIDAVIT

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application to provide relevant information and opinions that may be useful in making the hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY MEPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

animal care centers of texas

1851 acton hwy
granbury tx 76049
817.573.5003

www.accenters.com

1901 s morgan st
granbury tx 76048
817.573.3731

Name: _____

PRE-INTERVIEW SCREENING

1) **Place the following names in alphabetical order:**

Michael Swartz	_____
Ann Leonard	_____
Clint Moore	_____
Sue Michaels	_____
Ronald MacDonald	_____
John Schwartz	_____
Iraj Farshchian	_____
C. H. Moore	_____
Ronald McDonald	_____

2) **Circle the correct spelling from each of the following groups of words:**

- Veterenarian/ Veterinarian/ Vetarinaren/ Vetanarian
- Allargy/ Allergy/ Allergie/ Alergy
- Suturr/ Suture/ Suture
- Diarrea/ Diarrhea/ Diarrhia/ Diarhea
- Examinasion/ Examenation/ Examination/ Examinnation
- Vomiting/ Vommitting/ Vomitting/ Vommiting
- Flem/ Phlegm/ Phlym/ Flim

3) **Define the following words:**

Ovarian Hysterectomy: _____

Malpractice: _____

Euthanasia: _____

Chronic: _____

Placebo: _____

Acute: _____

Neuter: _____

Heartworm: _____

Intravenous: _____

Suture: _____

Parasite: _____

4) Do calculations **on the back of this sheet**:

Mrs. Smith brought in her dog, Max, with a broken leg. Max stayed at the hospital for 7 days with the following costs:

Hospitalization	\$5.00/day	Lab Work	\$20.00
Medications	\$2.75/day	Rx	\$ 5.25
Fluids	\$20.00	Nail trim	N/C
Surgery	\$55.00	Anesthesia	\$25.00

Mrs. Smith is a senior citizen and consequently receives a 10% discount. How much is her total bill when she comes to pick up Max? \$_____

5) Circle the procedures in which the owners should be informed to take up food and water:

Several clients called to schedule appointments for their pets. You schedule an exam for a dog that has been sneezing, a cat for a hysterectomy, two dogs for bath and dips, a dog neuter, and a cat toe nail trim. Hospital policy dictates that food and water should be pulled by midnight the night before any procedure that requires anesthesia.

6) It is recommended that heartworm tests be performed yearly on dogs. There are two different methods of testing. A filter test is run for any dog that has either been on daily heartworm preventive, off monthly preventive for more than six months or on no preventive at all. An occult heartworm test is used for any dog that has been on monthly preventive consistently, or has not missed more than six months.

Spot has never been on heartworm preventive. Snuggles has been on heartworm preventive for 2 years but skipped last month. Precious has been taking daily preventive all of her life. Hobbs, the only cat in the group, has never been on heartworm preventive.

Indicate below which type of test should be used on each animal:

(OHW = Occult Heartworm Test) (HW = Filter Test)

- A) Spot _____
- B) Snuggles _____
- C) Precious _____
- D) Hobbs _____