



Advanced Animal Hospital Group Job Application

Position applied for:

Alternative positions of interest:

Location applied for:

Alternative locations of interest:

Contact Information:

Date:

First Name:

Middle Name:

Last Name:

Alternative Names:

Current Address:

Street Address:

City:

State:

Zip Code:

Primary Phone: Type: cell/home/work

Alternate Phone: Type: cell/home/work

Best time to call: Morning/Afternoon/Evening

Email:

Desired Compensation:

Available start date:

Position desired : Full time/ Part time/ Seasonal/ Relief

Are you presently employed? Yes/No

If yes, may we inquire of your employer? Yes/No

Are you willing to work/be trained a variety of shifts and at the different facilities if needed?
Yes/No

Are you authorized to work in the US? Yes/No

Educational History

High School:

Graduated? Yes/No Graduation date:

College:

Degree or advanced degree:

Graduated? Yes/No Graduation date:

Are you a certified technician in the State of Wisconsin? Yes/No

Are you an RVT/LVT/CVT in another state? Yes/No State:

Please provide license numbers:

Previous Employment

Please list the last four (4) employers, starting with the most current first.

Name of most recent Employer:

Employment dates:

Position:

Starting Salary:

Ending Salary:

Duties:

Reason For Leaving:

Name of second most recent Employer:

Employment dates:

Position:

Starting Salary:

Ending Salary:

Duties:

Reason For Leaving:

Name of third most recent Employer:

Employment dates:

Position:

Starting Salary:

Ending Salary:

Duties:

Reason For Leaving:

Name of fourth most recent Employer:

Employment dates:

Position:

Starting Salary:

Ending Salary:

Duties:

Reason For Leaving:

Provide a brief explanation of your applicable skill set:

Provide a brief explanation of why you think you are the best candidate for this position:

Professional References

Please provide three professional references (former supervisors

Name:

Title:

Relationship:

Phone Number:

Email address:

Name:

Title:

Relationship:

Phone Number:

Email address:

Name:

Title:

Relationship:

Phone Number:

Email address:

Competency Questionnaire

Please complete the following problems (assistant and technician applicants only).

How many mls of 1.5 mg/ml meloxicam will you need for a 25 lb dog if the desired dose is 0.05 mg/lb?

To add potassium chloride at 20 meq/L to a 500 ml bag of fluids, you would add how many meq?

At 2 meq/ ml how many mls will that bag require?

I certify that the facts contained in this application are true to the best of my knowledge. I understand that falsified information on this application will be grounds for termination. I authorize investigation of all statements. I authorize the employers listed above to give all information concerning my previous employment and any pertinent information they may have. I release these companies from all liability for any damage that may result from utilization of this information. The Advanced Animal Hospital Group may request background information about you in connection with your application process. By my agreement below, I authorize all agencies, employers, institutions and individuals to furnish any and all information regarding me that is requested by the Advanced Animal Hospital Group or their agents.