



Indian Hills Animal Clinic

3223 W. 13th St. N – Wichita, KS 67203 - 316-942-3990

1448 N. Maize Rd. – Wichita, KS 67212 – 316-722-6444

Equal Employment Opportunity Form

Applicant Information

Position(s) Applied For: _____ Date of Application: _____

How did you learn about us?

- Advertisement Friend Walk-In Employment Agency Relative Indeed
- Other _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/ Unit #*

City *State* *Zip Code*

Home Phone: _____ Cell Phone: _____

Are you available to work: Full-time _____ Part-time _____ Seasonal _____

Specify days and hours if part-time: _____

Rate of Pay Expected \$ _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here _____

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for this position?
Please add additional comments you think are important to consider.

Information

Have you previously applied here? yes no
If yes, when? _____

Are you currently employed? yes no

May we contact your present employer? yes no

On what date would you be available to work? _____

Can you travel if the job requires it? yes no

Have you ever been convicted of a felony? yes no

A yes does not automatically disqualify you from employment since the nature of offense, date, and the job for which you are applying will be considered.
If yes, please explain _____

Education

	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<u>Dates Employed</u> (From/To)		<u>Work Performed</u>
Address				
Telephone Number		<u>Hourly Rate/Salary</u> (Starting/Final)		
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u> (From/To)		<u>Work Performed</u>
Address				
Telephone Number		<u>Hourly Rate/Salary</u> (Starting/Final)		
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u> (From/To)		<u>Work Performed</u>
Address				
Telephone Number		<u>Hourly Rate/Salary</u> (Starting/Final)		
Job Title	Supervisor			
Reason for Leaving				

References

Name	Relationship	Phone Number
Name	Relationship	Phone Number
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Disclosure of Working Conditions

Indian Hills Animal Clinic is a small animal veterinary practice. In the course of your employment, you can expect to encounter events that could be considered psychologically uncomfortable or physically challenging. We feel it is important to communicate possible events you may encounter before you begin work since this may affect your performance at this hospital. You may:

1. Be asked to lift 40-50 pounds.
2. Be asked to restrain unruly dogs or cats.
3. Be asked to work after hours if needed for proper patient care.
4. Be exposed to distressed, grieving and/or angry clients.
5. Be exposed to unruly and/or aggressive dogs or cats.
6. Be exposed to severely injured dogs or cats.
7. Be exposed to deceased dogs or cats.
8. Be exposed to pain and distress of dogs and cats.
9. Be exposed to feces, urine, blood, pus, other fluids, etc.
10. Be exposed to foul odors.
11. Be exposed to drugs, chemicals, and radiographs that can be potentially harmful.
12. Be exposed to weather conditions while doing outdoor tasks.
13. Be exposed to veterinary surgical procedures.

Applicant's Statement

- I certify the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 6 months.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER