



MONARCH VETERINARY HOSPITAL

APPLICATION FOR EMPLOYMENT CALIFORNIA

Position Desired: _____ [] Part time [] Full time Date _____

Name (Print)	Last	First	Middle
Present Address	Street and Number City State Zip Code		How long have you lived there?
Previous Address	Street and Number City State Zip Code		How long did you live there?
			Years Months

Telephone No. _____ Social Security No. _____

Have you ever worked for this Company before? [] Yes [] No
If yes, please give dates and position: _____

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? [] Yes [] No
If yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?
[] Yes [] No
If yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of Last Supervisor _____	<u>Exact Reason for Leaving</u>
Present or Last Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> _____ From (mo/yr) _____ To (mo/yr)	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of Last Supervisor _____	<u>Exact Reason for Leaving</u>

Do you have adequate transportation to and from work? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

If hired, can you furnish proof that you are over 18 years of age? Yes No

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

May we contact your current employer? Yes No. If No, please explain:

Please explain fully any gaps in your employment history:

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances:

<p>Exact Reason for Leaving</p>	<p>Your Title or Position</p> <p>Name and Title of Last Supervisor</p>	<p>Pay</p> <p>\$ Start</p> <p>\$ Final</p>	<p>Employed</p> <p>From (mo/yr)</p> <p>To (mo/yr)</p>	<p>Present or Last Employer</p> <p>Address</p> <p>City, State, Zip Code</p> <p>Telephone</p>
<p>Exact Reason for Leaving</p>	<p>Your Title or Position</p> <p>Name and Title of Last Supervisor</p>	<p>Pay</p> <p>\$ Start</p> <p>\$ Final</p>	<p>Employed</p> <p>From (mo/yr)</p> <p>To (mo/yr)</p>	<p>Present or Last Employer</p> <p>Address</p> <p>City, State, Zip Code</p> <p>Telephone</p>
<p>Exact Reason for Leaving</p>	<p>Your Title or Position</p> <p>Name and Title of Last Supervisor</p>	<p>Pay</p> <p>\$ Start</p> <p>\$ Final</p>	<p>Employed</p> <p>From (mo/yr)</p> <p>To (mo/yr)</p>	<p>Present or Last Employer</p> <p>Address</p> <p>City, State, Zip Code</p> <p>Telephone</p>

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or the Company from obtaining provisional remedies to the extent permitted by Code of Civil Procedure Section 1281.8 either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature of Applicant

Date

Monarch Veterinary Hospital

Name: _____

Date: _____

Please answer the following pre-interview questions. We will review all applications and will call you if we wish to interview you. Thank you for your time.

The hospital hours of operations are 8 am to 6 pm Monday through Friday, 8 am to 1 pm on Saturday.

Pay: Commensurate with skills and experience.

Questions: (use the back of this page if you need more room to write)

1. Are you an A.H.T.? How many years experience do you have as an Animal Technician?
2. What attracted you to apply for a position with our hospital?
3. What would you like to see yourself doing two years from now?
4. Describe a stressful situation you have experienced and how you handled it.
5. What are 3 qualities you have that would be an asset to our practice?
6. Calculate the following: The bottle of Lasix injectable states that it is a 5% solution. You are instructed to give a dog 50 mg I.V. What volume (ml) would you draw to administer?

Please calculate the following, show your work:

1. We need 90 mg of Depo-Medrol. Depo-Medrol comes in 40 mg/ml and 20 mg/ml. Using the formula given how many cc is need for the 40 mg/ml? How many cc is needed for 20 mg/ml?
2. An antibiotic injection is needed and the drug of choice is Convenia which is 80 mg/ml. How many cc is needed for a dose of 250 mg?
3. An antibiotic injection is needed and the drug of choice is Cefazolin. How many cc is needed for a dose of 450 mg if the strength is 330 mg/ml? How many cc is need for a dose of 80 mg if the strength is 100 mg/ml?
4. 5 mg of Dexamethasone injection is needed and the strength is 2 mg/ml. How many cc would you need to give?
5. 15 mg of Dexamethasone Sodium Phosphate (Dex-SP) injection is needed and the strength is 4 mg/ml. How many cc would you need to give?

6. 20 mg of Morphine injection is needed and the strength is 15 mg/ml. How many cc would you need to give?

7. 7 mg of Vetalog injection is needed and the strength is 2 mg/ml. How many cc would you need to give?

8. 1000 mg/day of Cephalexin capsule is needed for an oral administration of 10 days. The strength is 500 mg/capsule. How many capsules are needed per day? How many capsules are needed to be dispensed for 10 days?

9. Your patient weighs 18.7 lbs and needs an injection of Convenia. The dose for Convenia is 8 mg/kg. The strength of Convenia is 80 mg/ml. How many mg will you need? Now many cc will you need to give?