



Oxford Veterinary Hospital

# Oxford Veterinary Hospital, LLC

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Oxford, PA 19363

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Website: [www.OxfordVeterinaryHospital.com](http://www.OxfordVeterinaryHospital.com)

**OVH Is An Equal Opportunity Employer**

I am applying for the following position:

- Managerial/administrative       Client Service Representative  
 Credentialed Veterinary Technician       Veterinary Technician  
 Veterinary Assistant       Kennel Attendant  
 Groomer       other \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Date Submitted: \_\_\_\_\_

|                                       |                          |  |
|---------------------------------------|--------------------------|--|
| <b>Personal Information:</b>          |                          |  |
| Name (Last, First, M.I.):             | Driver's License Number: | State of Issue:  |
| Address:                              | City, State:             | Zip Code:  |
| Cellular Number:                      | Home Telephone:          | Email Address:   |
| How did you hear about this position: |                          | Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never<br><i>OVH is a smoke free workplace. Smoking is prohibited on the entire property.</i> |

|   |                                       |   |                        |
|---|---------------------------------------|---|------------------------|
| Do you own any pets yourself?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please List Total Number: _____</i> | Which veterinary hospital do you use? | May we contact your veterinarian for a reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Species:  | Name:                                 | Date of Last Visit:   | Reason for last visit: |
|   |                                       |   |                        |
|   |                                       |   |                        |
|   |                                       |   |                        |
|   |                                       |   |                        |

|  |  |   |
|--|--|---|
| <b>Work Schedule Availability:</b>   |  |   |
| <i>Check Only One:</i><br><input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Either                   | <i>Check Only One:</i><br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Any | Date You Can Report For Work:                 |
| Are you Scheduled to be out of town for any holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: |  |   |
| Which days and hours are you available?  |  | Are you willing to do your share of weekends? |
| What are your benefit requirements?  |  | What are your salary requirements?            |

**Education / Training History**  
**List Colleges, military, trade, business or other schools attended.**

Do you have a high school diploma  or a GED certificate?  Yes  Neither

| Name and Location of School, College, or University | Course of Study (List Major) | Did you graduate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, how many credits have you earned? |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |

**License / Registration / Certificate**  
**List any required professional license, registration, certificate, etc.**

| Description | State | Number | Expiration |
|-------------|-------|--------|------------|
|             |       |        |            |
|             |       |        |            |
|             |       |        |            |

**Work History**

May We Contact:  Yes  No

|                          |                                     |                  |                                |
|--------------------------|-------------------------------------|------------------|--------------------------------|
| Name of Employer:        | Type of Business:                   |                  |                                |
| Employer's Address:      | City, State, Zip Code:              |                  |                                |
| Employer's Phone Number: | Supervisor's Name and Phone number: |                  |                                |
| Your Job Title:          | From (month-year):                  | To (month-year): | Average hours worked per week: |

Duties: (List all duties you were responsible for performing or overseeing):

Were you discharged from this position?  Yes  No If yes, explain:  
OR What was the reason for leaving?:

| Work History  |                                     | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
|---|-------------------------------------|--|--------------------------------|
| Name of Employer:   | Type of Business:                   |  |                                |
| Employer's Address:   | City, State, Zip Code:              |  |                                |
| Employer's Phone Number:  | Supervisor's Name and Phone number: |  |                                |
| Your Job Title:   | From (month-year):                  | To (month-year):   | Average hours worked per week: |
| Duties: (List all duties you were responsible for performing or overseeing):  |                                     |  |                                |
| Were you discharged from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:<br><br><u>OR</u> What was the reason for leaving?: |                                     |  |                                |

| Work History  |                                     | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
|---|-------------------------------------|--|--------------------------------|
| Name of Employer:   | Type of Business:                   |  |                                |
| Employer's Address:   | City, State, Zip Code:              |  |                                |
| Employer's Phone Number:  | Supervisor's Name and Phone number: |  |                                |
| Your Job Title:   | From (month-year):                  | To (month-year):   | Average hours worked per week: |
| Duties: (List all duties you were responsible for performing or overseeing):  |                                     |  |                                |
| Were you discharged from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:<br><br><u>OR</u> What was the reason for leaving?: |                                     |  |                                |

**The DEA requires us to ask these questions of every applicant.**

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.)

Yes    No

If the answer is yes, furnish details of conviction, offense, location, date and sentence.

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**Applicant Consent to Drug Testing.**

I understand it is the policy of the **Oxford Veterinary Hospital, LLC** to conduct drug tests of job applicants for the purpose of detecting drug abuse, and that one of the requirements for consideration of employment with the company/organization is the satisfactory passing of the drug test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug tests whenever requested by the **Oxford Veterinary Hospital, LLC**, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the practice and other officially interested parties the results of my tests.

At this time I consent to a drug test.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Witness)

### Certificate and Signature.

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the **Oxford Veterinary Hospital, LLC** to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the **Oxford Veterinary Hospital, LLC** to check my driving record if the position for which I am applying requires driving.
- ◆ I authorize the **Oxford Veterinary Hospital, LLC** to run a credit history check and criminal history background check as a condition of employment.
- ◆ I release **Oxford Veterinary Hospital, LLC** and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed Name of Applicant)