



Hurricane Animal Hospital

Veterinary Assistant / Veterinary Technician Application for Employment

(Full-Time or Part-Time)

Instructions to Applicant:

- Please print clearly or type. Complete all sections. If a question does not apply, enter N/A.
- Attach a resume and photocopies of certifications/licenses (VT license, rabies certification, etc.) where applicable.
- Return the completed application to Hurricane Animal Hospital 2120 Mount Vernon Road, Hurricane WV 25526/ email – receptiondesk@hurricaneanimalhospital.com/ or online submission link) or submit in person.

Position Requested

- Position applying for (check one): ☐ Veterinary Assistant ☐ Veterinary Technician (Licensed/Registered)
- Employment type desired (check one): ☐ Full-Time ☐ Part-Time ☐ Temporary / On-Call
- Available start date: _____
- Desired hourly rate or salary: _____

Personal Information

- Full name: _____

- Other names used: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Phone (cell): _____ Alternate phone: _____
- Email: _____
- Are you 18 years of age or older? ☐ Yes ☐ No
- Are you legally eligible to work in the United States? ☐ Yes ☐ No
- Driver's license #: _____ State: _____ Expiration: _____

Availability

- Are you available to work weekends? ☐ Yes ☐ No
- Are you available to work evenings/overnight? ☐ Yes ☐ No
- Are you available for on-call or emergency shifts? ☐ Yes ☐ No
- List days/times you are available to work (include earliest start time & latest end time in a day):

Education

- High school name/location: _____
- Dates attended: _____ to _____ Diploma/GED: ☐ Yes ☐ No
- College/University/Technical School: _____
- Degree/Certificate: _____ Dates attended: _____
- Veterinary/Animal Care-specific training: _____
- Certificate(s): _____

Licenses / Certifications (for Vet Tech applicants or if applicable)

- State Registered/Licensed Veterinary Technician? ☐ Yes ☐ No

State: _____ License #: _____ Expiration: _____

- VTNE passed? ☐ Yes ☐ No Date: _____

- CPR/First Aid (animal/human): _____ Expiration: _____

- Rabies vacc/other required vaccinations (list): _____

- Other relevant certificates (e.g., radiography safety, anesthesia monitoring):

Employment History (Start with most recent employer)

1) Employer name: _____ Phone: _____

Address: _____

Job title: _____ Supervisor: _____

Dates employed: From _____ to _____ Rate of pay: _____

Reason for leaving: _____

Primary duties and responsibilities: _____

2) Employer name: _____ Phone: _____

Address: _____

Job title: _____ Supervisor: _____

Dates employed: From _____ to _____ Rate of pay: _____

Reason for leaving: _____

Primary duties and responsibilities: _____

3) Employer name: _____ Phone: _____

Address: _____

Job title: _____ Supervisor: _____

Dates employed: From _____ to _____ Rate of pay: _____

Reason for leaving: _____

Primary duties and responsibilities: _____

(If you need more space, attach additional pages or your resume.)

Skills and Experience (check all that apply and provide years of experience)

- [] Animal handling (dogs/cats) — Years: _____ Comments: _____

- [] Venipuncture / blood draws — Years: _____ Comments: _____

- [] Anesthesia monitoring — Years: _____ Comments: _____

- [] Surgery assistance / sterile technique — Years: _____ Comments: _____

- [] Radiography (x-ray) experience — Years: _____ Comments: _____

- [] Dental cleaning / radiographs — Years: _____ Comments: _____

- [] Laboratory diagnostics (CBC/Chemistry/urinalysis) — Years: _____

- [] Pharmacy / medication dispensing — Years: _____ Comments: _____

- [] Client communication / customer service — Years: _____ Comments: _____

- [] Inventory & supply management — Years: _____ Comments: _____

- [] Computer systems / practice management software — Systems: _____

- [] Euthanasia assistance — Years: _____ (optional) Comments: _____

- Other relevant skills: _____

References (Professional - at least two)

1) Name: _____ Relationship: _____

Employer/Clinic: _____ Phone: _____

Email: _____ Years known: _____

2) Name: _____ Relationship: _____

Employer/Clinic: _____ Phone: _____

Email: _____ Years known: _____

3) Personal reference (non-relative): Name: _____

Relationship: _____ Phone: _____

Email: _____ Years known: _____

Criminal History and Background

- Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

- Have you ever been disciplined by a veterinary licensing board or had a license revoked/suspended? ☐ Yes ☐ No

If yes, please explain: _____

Health and Physical Requirements

- Are you able to lift/move 40 lbs frequently and up to 75 lbs occasionally? ☐ Yes ☐ No

- Do you have any restrictions that would prevent you from performing job duties (lifting, restraining, standing long periods, exposure to animals, chemicals)? ☐ Yes ☐ No

If yes, please explain (optional): _____

- Are you able to wear required personal protective equipment (gloves, mask, apron, lead apron for x-rays)? ☐ Yes ☐ No

Applicant Statements and Authorizations

Please read carefully and sign below.

- I certify that the information provided on this application and any attachments is true and complete to the best of my knowledge. I understand that false statements or omissions may disqualify me from employment or be grounds for immediate dismissal.

- I authorize Hurricane Animal Hospital to investigate all statements contained in this application and to contact the employers and references I have listed. I authorize employers, schools, and references to provide information about my employment, education, and character and release them from liability for providing such information.

- I authorize a criminal background check and drug screening if required for employment.

- I understand that this application is not a contract of employment. If hired, I agree to conform to Hurricane Animal Hospital policies and procedures and acknowledge that employment is at-will unless a written employment agreement states otherwise.

Applicant signature: _____ Date: _____

Equal Opportunity Employer Statement

Hurricane Animal Hospital is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, or other protected status. We will consider reasonable accommodations for individuals with disabilities.