### Permanent placement associate information

associate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *First Name* | *Last Name* | | *School* | *Year* |
|  |  | |  |  |
| *Street Address* | *City* | | *State* | *Zip* |
|  |  | |  |  |
| *Cell or Primary Phone* | *Other Phone or Fax* | | *Email* | |
|  |  | |  | |
| *Date available for employment* | *Location(s) desired* | | | |
|  |  | | | |
| *Does your current employer know you are looking at other employment options?* | | Yes No | | | |

practice style

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| --- |
| *Brief statement that describes your preferred philosophy of medicine and practice style (max 600 characters)* |
|  |

job description & preferences

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| --- | --- |
| *Experience* | |
| New graduate 1-5 years >5 years Non-clinical experience (please describe) | |
| *Employment status* | *Hours per week desired* |
| Part time Full time Negotiable | -    Notes: |
| *Species orientation* | *Ownership potential* |
| SA LA EQ EX Other | Yes, required Yes, but not required No Undecided |
| *Management interest* | *Benefits (describe your ideal and minimum requirements, maximum 65 characters)* |
| Yes No Maybe |  |
| *Small animal practitioners (check the styles of practice that you would prefer to work)* | |
| Traditional full service Shelter Vaccine/preventative Spay/neuter Emergency | |
| *Professional orientation* | |
| Clinical Industry Government/Regulatory Specialty | |
| *Preferred appointment intervals* | |
| 10 minutes 15 minutes 20 minutes 30 minutes | |
| *Surgery (check all that apply)* | |
| Electives Non-electives/soft tissue Orthopedics Dentistry Prefer not to perform surgery | |
| *Special skills or interests (max 120 characters)* | |
|  | |

thank you

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| *How did you hear about our service?* |
|  |
| *Please provide a resume in an electronic format along with names and phone numbers of three references that can speak to your qualifications. Please include former employers if possible.* |