

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, marital status and sexual orientation. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Social Security No. _____

Name _____
 _____ Last First Middle

Present Address _____
 _____ Street City State Zip

Permanent Address _____
 _____ Street City State Zip

Phone No. _____

Are you 18 years of age or older? ___ Yes ___ No

Position applied for: _____

Have you ever applied here before ___ Yes ___ No

How did you hear about this job? _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received	Grade Point Average
_____		Yes ___ No ___	_____	_____
High School _____	1 2 3 4	Yes ___ No ___	_____	_____
_____			_____	_____
_____			_____	_____
College _____	1 2 3 4	Yes ___ No ___	_____	_____
_____			_____	_____
_____			_____	_____

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree (s) Received	Grade Point Average
Trade, Business or Correspondence School_____	1 2 3 4	Yes ___ No ___	_____ _____ _____ _____	_____
_____			_____ _____	
_____			_____ _____	

GENERAL

Other Course Study: _____

Job Related Skills (technician, receptionist, computer, etc.):

FORMER EMPLOYERS

List below your last four employers, starting with the last one first. Do not omit any employers.

Date Month and Year	Name, Address and Telephone Number of Employer	Salary (upon Leaving)	Position	Reason for Leaving
From	_____			
To	_____			

Name of Supervisor to Contact

Date Month and Year	Name, Address and Telephone Number of Employer	Salary (upon Leaving)	Position	Reason for Leaving
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From _____

To _____

Name of Supervisor to Contact

From _____

To _____

Name of Supervisor to Contact

From _____

To _____

Name of Supervisor to Contact

Are there any other animal clinics or hospitals at which you have ever worked for any period of time that are not listed above?

____ Yes ____ No

If you are to be hired by the employer, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer.

I understand that any employment is conditioned on a background check. I authorize the employer to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the employer without giving me prior notice of such disclosure. In addition, I release the employer, and former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING MY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE EMPLOYER. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE EMPLOYER UNLESS MADE IN WRITING AND UNLESS SIGNED BY DR. SUSAN M. DAVIS. I ALSO UNDERSTAND THAT THE EMPLOYER RETAINS THE RIGHT TO REVISE ITS EMPLOYMENT POLICIES OR PROCEDURES AND ITS TERMS OF EMPLOYMENT, INCLUDING HOURS WORKED, WAGES AND SALARIES PAID, EMPLOYMENT BENEFITS AND JOB DUTIES AND POSITION, AT ANY TIME.

I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the U.S.

IT IS THE COMPANY'S POLICY TO PROVIDE EQUAL OPPORTUNITY TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, MARITAL OR DOMESTIC PARTNER STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, AGE, ANCESTRY, NATIONAL ORIGIN, DISABILITY, OR MEDICAL CONDITION, AS DEFINED IN STATE AND FEDERAL LAWS. THIS POLICY COVERS ALL ASPECTS OF EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, RECRUITMENT, SELECTION, TRAINING, PROMOTION, TRANSFER, COMPENSATION, DEMOTION AND TERMINATION.

Dated: _____

Signature

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with _____ (“Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (“Kroll”). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver’s License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll’s offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1 (888) 381-7866.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.