

Orchard Park Animal Hospital

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, gender, sexual orientation, national origin, marital or veteran status, sensory, physical or mental disability or any other legally protected status.

Incomplete Employment Applications will not be considered. This application is null and void 30 days after receipt.

Only original employment applications will be considered.

PERSONAL INFORMATION

Name: _____ SSN: _____
Last First Middle (xxx-xx-xxxx)

Address: _____
Street City State Zip

Phone No.: _____ Email: _____

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Desired Position: _____ Wage/Salary Desired: _____ Available Start Date: _____

Are you currently employed? Yes No If yes, may we contact? Yes No

Have you ever been terminated/discharged from any job? Yes No

EDUCATION (A Complete Resume Will Suffice if Already Listed)

	Name & Location	Years	Did You Graduate	Degree(s)
High School				
College				
College				
Trade, Business, or Technology				

Military Status (please describe): _____

EMPLOYMENT HISTORY (A complete resume will suffice if ALL information already listed)

List your most recent employers for the last four years with the most recent employers first.

Dates (Mo/Year)	Employer Name, City/State	Title and Work Performed	Average Hours Per Week	Reason for Leaving
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				

Please explain any periods of unemployment longer than 30 days: _____

PROFESSIONAL REFERENCES (Preferably former and/or current supervisors)

Name	Phone Number	Position	Relationship	Years Acquainted

PERSONAL QUESTIONS

1. Do you have a reliable mode of transportation to get you to and from work? Yes No
2. Would you be willing to learn and work other positions within OPAH as needed? Yes No
3. What days are you willing to work? (circle all that apply) Mon-Tue-Wed-Thur-Fri-Sat-Sun
4. Are there any hours of the day you are unavailable? Yes No
If Yes, Please Explain _____
5. How many hours a week are you willing to work? _____
6. How many pets do you have, what kind, and what are their names? _____

WORKING CONDITIONS

I understand that my position may entail the following of which I am psychologically and physically capable of completing as a condition of my employment:

- **Lifting 40 – 50 lbs**
- **Restraining unruly dogs and cats of any size**
- **Distressed, grieving, and/or angry clients**
- **Working after hours if needed for proper patient care**
- **Unruly and/or aggressive animals**
- **Severely injured animals**
- **Euthanasia and handling deceased animals**
- **Pain and distress of animals**
- **Feces, urine, blood, puss, other fluids and detached body parts of animals**
- **Foul odors**
- **Drugs, chemicals, and x-rays (potentially harmful to pregnancy or respiratory conditions)**
- **Routine veterinary elective procedures such as tail docks, declawing, etc.**
- **Exposure to weather conditions while doing outdoor task (i.e. walking dogs)**

BACKGROUND CONSENT

I hereby allow **Orchard Park Animal Hospital** to perform, or hire an outside company to perform, a check of my background, including criminal record, driving record, past employment/volunteer history, finances, education/professional status, and personal references, and other persons or sources as appropriate for the position in which I have expressed interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for employment. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of positions in which I have applied and that all such information collected during the check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer opportunity and such other information, as they deem appropriate.

DRUG TEST POLICY

I hereby consent to allow a designated laboratory testing service hired by Orchard Park Animal Hospital, at its costs, to take a specimen of my hair, urine, and/or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I understand ALL offers of employment are contingent upon a negative drug test screen. I further consent to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, **Orchard Park Animal Hospital**.

DEA ACKNOWLEDGMENT

ANY FALSE STATEMENTS OR OMISSIONS MAY CAUSE YOU TO BE INELIGIBLE FOR EMPLOYMENT OR MAY BE GROUNDS FOR IMMEDIATE DISCHARGE IF DISCOVERED AFTER HIRING.

It is the position of DEA that the obtaining of certain information is a matter of business necessity for any employee who will have access to controlled substances. It is believed that conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry, in this regard. DEA assumes that the following questions will become a part of an employer's comprehensive employee screening program (21 CFR §1301.90):

1. **Have you ever been convicted of a crime involving dishonesty, breach of trust, use or possession of illegal substances or violence against a person or animal?** Yes No
2. **Have you ever been convicted of a felony or any misdemeanor or are you presently charged with committing any criminal offense? (Do not include traffic citations)** Yes No
If yes please explain: _____
3. **In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?** Yes No
4. **If yes please explain:** _____
5. **Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?** Yes No

If you are to be hired by Orchard Park Animal Hospital, 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 AND CERTIFICATION
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I certify that the facts contained in this application (and accompanying resume, if any) as well as the facts presented verbally in any interview, are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or otherwise is sufficient cause for refusal to hire, or immediate dismissal for cause if I have been employed, no matter when discovered by Orchard Park Animal Hospital ("OPAH").

I authorize OPAH to thoroughly investigate all statements contained in my application, resume, or other communications and I authorize my former employers and references to disclose any and all information regarding my former employment, character and general reputation to OPAH, without giving me prior notice of such disclosure. In addition, I release all parties and persons, including but not limited to OPAH and any former employers (and any person or entity acting on their behalf) as well as 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 any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment is contingent upon a negative drug screen test and any employment thereafter 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 OPAH. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon OPAH unless made in writing.

I understand that filling out this form does not indicate there is a position open and does not obligate OPAH to hire.

I understand and agree to the terms and conditions of the background check and drug testing policy listed above.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date: _____

Signature: _____

Printed Name: _____