

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in Route 66 Veterinary Emergency & Critical Care Center. Route 66 Veterinary Emergency & Critical Care Center is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, sexual orientation, gender identity, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. Company also prohibits harassment of applicants or employees based on any of these protected categories. It is also Company's policy to comply with all applicable federal, state, and local laws respecting consideration of unemployment status in making hiring decisions.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the company. Please inform the company's personnel representative if you need assistance completing this application or to otherwise participate in the application process.

Your application will be active for . If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

**Note to Applicants:** Smoking is prohibited in all indoor areas of Company unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

**For Indiana Applicants:** It is unlawful for an employer to discriminate against a prospective employee on the basis of status as a veteran by refusing to employ an applicant on the basis that they are a veteran of the armed forces of the United States, a member of the Indiana National Guard, or a member of a reserve component.

**For Montana Applicants:** If hired, the employment relationship is governed by the Wrongful Discharge from Employment Act. Mont. Code Ann. Section 39-2-901.

**For Rhode Island Applicants:** Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and is therefore covered by the state's workers' compensation law. If you willfully provide false information about your ability to perform the essential functions of the job, with or without reasonable accommodations, you may be barred from filing a claim under the provisions of the Workers' Compensation Act of the State of Rhode Island if the false information is directly related to the personal injury that is the basis for the new claim for compensation. The Company complies fully with the Americans with Disabilities Act.

### GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location	Today's Date	Position Applying For	
Name (Last)                      (First)                      (Middle)	Minimum Salary Desired		Date Available for Work
Street Address		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City                      State                      Zip	Telephone (Home)	Telephone (Work)	
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed?	
If yes, please provide the other name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, are you available:      Weeknights      Weekends	
		(You do not need to disclose scheduling restrictions related to your religion, a disability or a medical condition)	
Have you previously worked for or applied for a position with Company, in any of our locations either as an employee or through an employment agency?		Are you related to or in a close personal relationship with anyone now employed at Company? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain when and, if employed, in what capacity:		If yes, state name(s) and where they are located.	

### PERMISSION TO WORK

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)?  Yes  No

(If hired, verification will be required consistent with federal law)

### POSITION INFORMATION

Position applied for: \_\_\_\_\_ Expected salary/hourly range: \_\_\_\_\_

Applying for:  Full-time  Part-time  Seasonal/Temporary

### REFERRAL INFORMATION

How did you learn about us?

Employment Agency (state name): \_\_\_\_\_

Referral (state name): \_\_\_\_\_

Other: \_\_\_\_\_

### WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

1	Company Name	Telephone (    )    -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title, and Work Responsibilities	Reason for Leaving:

<b>2</b>	Company Name	Telephone (    )    -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title and Work Responsibilities	Reason for Leaving:

<b>3</b>	Company Name	Telephone (    )    -
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	
	Job Title and Work Responsibilities	Reason for Leaving:

**All employers including your current employer may be contacted to verify the information you provide.** May we contact your current employer prior to any offer of employment?  Yes  No

**BACKGROUND INFORMATION**

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position?

Yes  No If yes, please explain. \_\_\_\_\_

For purposes of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?

Yes  No If yes, please explain. \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

## EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

## JOB-RELATED SKILLS AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

## ADDITIONAL EMPLOYMENT INQUIRIES

**If applying for a position that will include driving:**

If hired, can you provide a valid driver's license?  Yes  No

If hired, you may be required to provide evidence of insurance or insurability.

Emergency Contact Person

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I **will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only authorized representatives, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the explicitly authorized representative, any such agreements must be in writing and signed by the explicitly authorized representative and by me or my authorized representative.

Initial: \_\_\_\_\_ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.

Initial: \_\_\_\_\_ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: \_\_\_\_\_ I hereby authorize, to the extent allowed by applicable federal state and local laws, the Company to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: \_\_\_\_\_ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: \_\_\_\_\_ I agree to submit to legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon my receiving a result satisfactory to the Company.

Initial: \_\_\_\_\_ I certify that, if employed, my employment with the Company will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement, or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.

Initial: \_\_\_\_\_ I agree that, if employed, I will report to my supervisor, a representative of HR, or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee.

Initial: \_\_\_\_\_ **California, Cincinnati (Ohio), Colorado, Connecticut, Delaware, Hawaii, Illinois, Kansas City (Missouri), Maine, Maryland, Massachusetts, Nevada, New Jersey, New York, Oregon, Philadelphia (Pennsylvania), Rhode Island, Toledo (Ohio), Vermont and Washington Applicants:** I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation

Initial: \_\_\_\_\_ **Massachusetts Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Initial: \_\_\_\_\_ **Maryland Applicants: I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)**

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for the period selected on page one (30, 60, or 90 days) beginning from the submission date. If you have not been hired within the period you selected, and you wish to continue to be considered for employment, you must complete another application.