



# Blue Cross Veterinary Hospital

## EMPLOYMENT APPLICATION

(Please fill out completely, even if you are supplying a resume)

**Equal Employment Opportunity Policy:** We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state, and local laws.

Last Name		First Name		Middle Initial	Social Security Number	
Address			City		State	Zip
Home Phone Number	Business Phone Number		Cell Phone Number		E-Mail Address	
If hired, can you provide proof that you are legally able to work in the United States?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever pled guilty or "no contest" to, or been convicted of a felony or misdemeanor? If yes, please state nature of offense(s), date(s), and details.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial? If yes, please state nature of offense(s), date(s), and details.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTE: Answering "yes" to these questions does not constitute an automatic disqualification of employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions)						
Have you ever worked for this Company before? If yes, then give dates, details, and position.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any friends or relatives employed here						
Position Desired				Salary Desired		
Check appropriate box for type of employment desired				Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
What days and hours are you available for work?						
Are you over 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 18, can you provide a work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you able to perform the essential functions of the job for which you are applying? (see Job description)					Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, please describe the functions that cannot be performed. (Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

Do you speak, write or understand any foreign language? Yes  No  Which language(s)?

Do you have any computer skills? Yes  No  What kind?

Please list other office machines you can operate

Do you have any other skills, training, and qualifications that you feel is relevant to this position?

**Answer the following questions if you are applying for a professional, licensed, or certified position.**

Are you licensed/certified for the job applied for? Yes  No

Name of license/certification	Number	Issuing state
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Has it ever been revoked or suspended? If yes, why? Yes  No

Name & Location of School	Number of Years Completed	Degree/ Diploma	Major Field of Study	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School:				
Trade School:				
College/University:				
Other (Please explain):				

Do you have adequate transportation to and from work? Yes  No

## Employment History

Please list the names of your present employers in chronological order with present employer listed first. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., **volunteer experience**, military service, experience, etc.). If self-employed, give firm name and supply business references.

<b>Company Name</b>					<b>Supervisor</b>			
<b>Address</b>					<b>Phone #</b>			
<b>Start Date</b>		<b>End Date</b>		<b>Starting Salary</b>		<b>Ending Salary</b>		
<b>Job Title</b>					<b>Hours Worked</b>			
<b>Specific Job Duties</b>					<b>Reason For Leaving</b>			
Is this your current employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact this employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Company Name</b>					<b>Supervisor</b>			
<b>Address</b>					<b>Phone #</b>			
<b>Start Date</b>		<b>End Date</b>		<b>Starting Salary</b>		<b>Ending Salary</b>		
<b>Job Title</b>					<b>Hours Worked</b>			
<b>Specific Job Duties</b>					<b>Reason For Leaving</b>			
Is this your current employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact this employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Company Name</b>					<b>Supervisor</b>			
<b>Address</b>					<b>Phone #</b>			
<b>Start Date</b>		<b>End Date</b>		<b>Starting Salary</b>		<b>Ending Salary</b>		
<b>Job Title</b>					<b>Hours Worked</b>			
<b>Specific Job Duties</b>					<b>Reason For Leaving</b>			
Is this your current employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact this employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Company Name</b>					<b>Supervisor</b>			
<b>Address</b>					<b>Phone #</b>			
<b>Start Date</b>		<b>End Date</b>		<b>Starting Salary</b>		<b>Ending Salary</b>		
<b>Job Title</b>					<b>Hours Worked</b>			
<b>Specific Job Duties</b>					<b>Reason</b>			

		For Leaving	
Is this your current employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact this employer?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Company Name</b>		<b>Supervisor</b>	
<b>Address</b>		<b>Phone #</b>	
<b>Start Date</b>		<b>End Date</b>	
		<b>Starting Salary</b>	
		<b>Ending Salary</b>	
<b>Job Title</b>		<b>Hours Worked</b>	
<b>Specific Job Duties</b>		<b>Reason For Leaving</b>	
Is this your current employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact this employer?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Periods of Unemployment

Please account for all periods of unemployment, beginning with your most recent period of unemployment.

From	To	Reason	

Have you ever been terminated or asked to resign from any job? If yes, please explain the circumstances:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have adequate transportation to and from work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Military Service

Have you obtained any special skills or abilities as the result of service in the military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain		

### Personal References

Please list at least three (3) persons NOT related to you that you have known for at least five (5) years (not previous employers or relatives)

Name	Occupation	Phone #	# of Yrs Known

### Applicant's Statement

1.  _____	I certify that all of the information I have provided on this application is true and accurate to the best of my knowledge and may be verified by the company or its agents. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.
2.  _____	I understand that Blue Cross Veterinary Hospital may contact my previous employers, schools, persons, and organizations named in this application. I authorize those employers to disclose to Blue Cross Veterinary Hospital all records and information pertinent to my employment with them. I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Blue Cross Veterinary Hospital, and release them from any liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.
3.  _____	I understand that Blue Cross Veterinary Hospital is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, and/or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening at any time if Blue Cross Veterinary Hospital has reasonable suspicion to believe that I am under the influence of a drug or alcohol. I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4.  _____	I authorize Blue Cross Veterinary Hospital to obtain a background check and/or consumer report from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such a report may include information concerning my credit worthiness, credit standing, criminal history, social security validation, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5.  _____	I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Blue Cross Veterinary Hospital. There will be no agreement, express or implied, between Blue Cross Veterinary Hospital and myself for any specific period of employment, nor for continuing or long term employment, unless made in writing and signed by an authorized representative of the company. Oral representations made before or after I am hired do not alter this Agreement.
6.	I agree and acknowledge that Blue Cross Veterinary Hospital and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both Blue Cross Veterinary Hospital and I agree that any claim, dispute, and/or controversy that either I may have against Blue Cross Veterinary Hospital (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or Blue Cross Veterinary Hospital may have against me arising from related to or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with Blue Cross Veterinary Hospital shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair

<p>_____</p>	<p>Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, Claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or Blue Cross Veterinary Hospital from obtaining provisional remedies to the extent permitted by Code of Civil Procedure Section 1281.8 either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to the disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with California Civil Code Section 47(b). As reasonably required to allow full use and benefit of these agreements' modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and Blue Cross Veterinary Hospital give up our right to trial by jury of any claim I or Blue Cross Veterinary Hospital may have against each other.</p>
<p>7. _____</p>	<p>I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.</p>

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.

Signature \_\_\_\_\_

Date \_\_\_\_\_