

Riverview

Animal Clinic

EMPLOYMENT APPLICATION

THIS APPLICATION IS VALID FOR 45 DAYS. YOU MUST COMPLETE A NEW APPLICATION TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE.

An Equal Opportunity Employer

Date: _____

TELL US ABOUT YOURSELF

Name	Last	Middle	First	Nickname	Home Phone
Address	Street	City	State	Zip	Work/Cell Phone
Social Security #	Print Your Name as it Appears on Your Social Security Card				
Are You Over 18?	Yes	No	Willing to Relocate?	Yes	No
			Have You Worked for Riverview Animal Clinic before?		
			Yes No If Yes, when? _____		
How Did You Hear About Us?					
Notify in Emergency:					
		Name		Address	
				Phone	
A conviction record will not necessarily be a bar to employment. Other factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.					
Have You Ever Been Convicted of a Felony?		Yes	No	If Yes, Date and Nature of Offense	
I HEREBY GIVE MY PERMISSION TO CONDUCT A COURT RECORDS CHECK. _____ (Initials)					

TELL US ABOUT YOUR EDUCATION

	NAME AND ADDRESS	MAJOR	DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

I HEREBY GIVE MY PERMISSION TO CHECK MY RECORDS AT THE SCHOOLS LISTED ABOVE. _____ (Initials)

TELL US ABOUT YOUR MILITARY EXPERIENCE (This Section is Optional)

A Dishonorable or General Discharge is not an absolute bar to employment. Other factors will be considered.

Have You Ever Been a Member of the United States Armed Services?	Yes	No	Branch?	Rank and Duties	Dates of Service	From	To
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I HEREBY GIVE PERMISSION TO CHECK MY MILITARY RECORD. _____ (Initials)

WHAT TYPE OF WORK INTERESTS YOU?

Type of Work Desired:	Full-time	Part-time	Temporary	Date Available			
Position Applying for:	Wage/Salary Requirements \$						
Hours Available For Work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Dear Applicant:

You are being considered for employment with Riverview Animal Clinic, a respected, professional organization. We hire only those people who truly want to be part of our team. We request that you respond to the following questionnaire completely and truthfully.

1. Have you ever used an alias name for an illegal purpose? _____
2. Are you currently using illegal drugs? _____
3. Have you ever been fired, forced to resign, or quit a job without notice? _____
4. Have you ever taken money or merchandise from a job? _____ How much? _____
5. Have you shoplifted in the past five years? _____
6. Did you answer all questions truthfully on this application? _____

VERY IMPORTANT NOTICE - PLEASE READ CAREFULLY!

A SUBSTANCE ABUSE TEST MAY BE GIVEN TO ALL PERSONNEL HIRED BY RIVERVIEW ANIMAL CLINIC.

1. I certify that all the foregoing statements are true and complete. Any falsification, misrepresentation, or omission of any of the information in my application, resume, or interview can result in refusal of employment or, if employed, termination from employment with Riverview Animal Clinic (Riverview).
2. Any offer of employment I may receive from Riverview is contingent upon my successful completion of Riverview's total screening process, including Riverview receiving references that it considers satisfactory.
3. I understand that if I receive a conditional offer of employment, I will be required to undergo pre-employment testing for drugs, and I will be required to sign forms called " Consent to Substance Abuse Testing, Consent to Search and Release of all Claims" and " Authorization Form For Release of Drug and Testing Results." I further understand the conditional offer of employment will be withdrawn if I refuse to sign the forms, or if I refuse to undergo drug testing, or if I test positive for the use of drugs.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release Riverview and the persons and entities that provide references from any and all liability arising from the furnishing or use of the information provided by those providers of reference information.
5. I understand that if I am employed by Riverview Animal Clinic P.C. I will be employed at-will. This means that the employment relationship may be terminated at time by either me or Riverview for any reason not expressly prohibited by law, with or without notice. I understand that any oral or written statement to the contrary is invalid unless it is a written Employment Agreement (or Amendment to a written Employment Agreement) that is signed by a Partner of Riverview.

Signature

Date