

# Craig Road Animal Hospital

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, sexual orientation or disability.

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Social Security Number

Address              Number              Street                      City              State              Zip Code

(\_\_\_\_) \_\_\_\_\_              (\_\_\_\_) \_\_\_\_\_              (\_\_\_\_) \_\_\_\_\_              \_\_\_\_\_  
 Telephone Number              Cell Phone Number              Fax Number              E-Mail Address

How Long At Present Address \_\_\_\_ / \_\_\_\_ (yrs/mos) \_\_\_\_\_  
 List Previous Address \_\_\_\_\_

Have you ever filed an application with us before?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, date given \_\_\_\_\_

Have you ever been employed at any of the following animal hospitals? (Ann Road, Centennial Hills, Craig Road, Durango, Lone Mountain, Pebble/Maryland, Tropicana, Sun City, Sun Ridge, Valley Ranch, West Charleston)  
 If yes, list hospital(s) with dates of employment \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do we currently employ a member of your family or household?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give name \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship, immigration status, or work authorization will be required upon employment)                      Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Rate of Pay? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_ Part Time \_\_\_\_ Temp \_\_\_\_ Weekends \_\_\_\_ Evenings \_\_\_\_

Are you currently on "lay-off" status and subject to recall?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense (other than minor traffic violations), or are you awaiting trial for a criminal offense? (Answering "yes" will not necessarily disqualify an applicant from employment)                      Yes \_\_\_\_\_ No \_\_\_\_\_

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

If yes, please explain \_\_\_\_\_

(Please use Additional Space on page 4 if necessary)

# CRAH APPLICATION FOR EMPLOYMENT

**EDUCATION:**

Elementary/Middle School: \_\_\_\_\_ Years Completed (*please circle*): 4 5 6 7 8

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 9 10 11 12

College/Undergraduate School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 1 2 3 4

Graduate/Professional School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 1 2 3 4

Diploma/Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (*You may exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# CRAH APPLICATION FOR EMPLOYMENT

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years. Explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation, or other protected status.

Employer	Dates Employed (Mo/Yr) From / To /	DESCRIPTION OF DUTIES
Address	Starting Rate of Pay	
Telephone Number(s)	Final Rate of Pay	
Job Title	Name Employed Under	Supervisor's Name
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed (Mo/Yr) From / To /	DESCRIPTION OF DUTIES
Address	Starting Rate of Pay	
Telephone Number(s)	Final Rate of Pay	
Job Title	Name Employed Under	Supervisor
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
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Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
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Address	Starting Rate of Pay	
Telephone Number(s)	Final Rate of Pay	
Job Title	Name Employed Under	Supervisor
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

(Please use Additional Space on page 4 if necessary)

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

**CRAH APPLICATION FOR EMPLOYMENT**

**ADDITIONAL SPACE**

Please use the space below to continue responses from pages 1 through 3. If you need more space, attach a separate sheet to this application. Please print and sign your name on the sheet, and include your social security number.

A large rectangular box containing horizontal lines for writing.

## CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application (including any resumes) may result in refusal of employment or if employed, termination from employment.
2. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
3. I understand and agree that I may be required to take a physical examination, blood, urine, or hair test at Company expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to the Company which may be necessary to determine my ability to perform my assigned duties.
4. I further understand that the Company can change wages, benefits and/or working conditions at any time and that I may be required to work overtime or on weekends, depending upon job requirements.
5. I UNDERSTAND THAT THE COMPANY MAY, FROM TIME TO TIME, ESTABLISH RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES, SOME OF WHICH MAY BE REDUCED TO WRITING. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF THE COMPANY AND/OR ANY DEPARTMENT THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY THE COMPANY TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
6. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER ANY INTRODUCTORY OR ORIENTATION PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION OR ANY OTHER COMPANY DOCUMENT SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND THE COMPANY. I FURTHER UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL AT ANY TIME BY MYSELF OR THE COMPANY FOR ANY OR NO CAUSE. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY INTRODUCTORY OR ORIENTATION PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN ANY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EXCEPT IN A WRITTEN DOCUMENT SIGNED BY THE LAS VEGAS VETERINARY REFERRAL CENTER MANAGER/DIRECTOR.
7. It is my understanding that, if I have not been offered employment or I have not accepted an offer of employment, this application for employment will only remain active for thirty (30) days following the date of application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

1. I understand and agree that the Company may conduct an investigation into my background for the purposes of verifying the information I have furnished in my application for employment, related papers and/or oral interviews or making other employment related decisions affecting me, including, but not limited to, information from previous employers, references, school records, driving records, and any criminal records. I further understand and agree that the Company may engage the services of a third party service provider, such as a consumer reporting agency, to gather some or all of this background information.
2. I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, court, financial institution, or other persons or organizations having knowledge about me to furnish the Company, and/or its employees, agents, or representatives, with any and all information in their possession regarding me for the Company to use in connection with my application for or retention of employment, or any other employment-related decisions affecting me.
3. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to any background investigation it may undertake.
4. I understand and agree that, if required, I will submit to fingerprinting and take all the necessary steps to allow the Company to obtain criminal history information, including that related to sexual offenses, from the Central Repository for Nevada Records of Criminal History and/or the Federal Bureau of Investigation.
5. Further, I hereby release from liability and hold harmless all persons, companies, public entities, and any other organizations or entities, as well as the Company and its employees, agents, or representatives from any and all causes of action that might arise from supplying, receiving, and using information about me pursuant to this Authorization and Release.
6. I understand that falsification of any data provided in my application for employment, related papers and/or oral interviews, or information which may be discovered as a result of any background investigation the Company may undertake pursuant to this Authorization and Release, may result in refusal of employment, or if employed, termination from employment.
7. A photocopy or facsimile of this Authorization and Release shall be valid as the original.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_