



Alta Rancho

PET & BIRD HOSPITAL

Reid Shufer, DVM & Kathy Henderson, DVM

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Alta Loma, CA 91701
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Employment Application

- ♥ It is this company's policy to provide equal employment opportunity in compliance with all applicable laws.
- ♥ In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

Personal Information:

Last Name:	First Name	Middle	Home Phone	Cell Phone
Address			City	
State			Zip	
Daytime message:				
E-mail Address:				
Emergency Contact:		Phone:		Relationship"
If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable				
Employment Desired: (Please select one or more positions) <input type="checkbox"/> Receptionist <input type="checkbox"/> Kennel Attendant <input type="checkbox"/> Veterinary Assistant <input type="checkbox"/> Veterinary Technician <input type="checkbox"/> Any				

Availability:

Are there any hours, shifts or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate the times you are available for work each day below:							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
Total hours available per week: _____ Work schedules may vary from week to week and occasionally employees are asked to stay late, leave early, or com in on a scheduled day off.							

General Information:

Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No , If yes, When? _____
Are you able to perform all the essential functions of the job with or without reasonable accommodations for which you are applying? 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify.
If offered employment, can you provide proof of eligibility to work in the United States prior to starting work? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 3 years, have you ever knowingly used any narcotics, amphetamines, or barbiturates other than those prescribed by a physician? If yes, please furnish details: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
In order to work here, you must be able to pass a DEA background check. Is there any reason to believe that you would not be able to pass such a check ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History:

School	Name/City/State	Years completed	Major	Degree?
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Colleges/Other Schools				
Colleges/Other Schools				

Employment History:

Please read carefully: Begin with present or most recent employer and list all jobs you have held for the past 10 years. Include any relevant volunteer work experience, Account for periods of unemployment in the space provided below. You may attach a resume, however, the application must be completed in full.

From: Month Year	To: Month Year	Employer:	
Complete street address (street no, City State, and zip code)			
Job Title:	Job Title:	Area Code and Phone Number	
Describe your duties:			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Month Year	To: Month Year	Employer:	
Complete street address (street no, City State, and zip code)			
Job Title:	Job Title:	Area Code and Phone Number	
Describe your duties:			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

From: Month Year	To: Month Year	Employer:	
Complete street address (street no, City State, and zip code)			
Job Title:	Job Title:	Area Code and Phone Number	
Describe your duties:			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any periods of unemployment

From: Month Year	To: Month Year	
From: Month Year	To: Month Year	

Drug and Alcohol Policy:

This company has a vital interest in maintaining a drug and alcohol free environment for its employees, customers and visitors. Therefore, the company prohibits the use of, possession of, distribution of, purchase or sale or, offering to purchase or sell, transfer of, trafficking in and working or reporting for work under the influence of intoxicants, drugs or controlled substances. Applications for employment may undergo a post-offer, pre-employment drug and alcohol screen as a condition of employment. Results of such tests will be kept confidential in accordance with applicable laws.

Please Read and Sign:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company with any and all information concerning my previous employment and pertinent information that they may have. Further, I release all parties and persons from and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material, omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment with the company is "at-will" meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the company has the authority to make assurances to the contrary.

Applicant's Signature _____

Date: _____

Retail test score: _____ **Interviewed by:** _____

Date: _____