

Education:

| | Degree | Major | Name of School | Location of School | # Of Years Attended |
|---------------------|--------|-------|----------------|--------------------|---------------------|
| High School | | | | | |
| College/ University | | | | | |
| Technical School | | | | | |
| Other Education | | | | | |

Work History:

1. Company name of most recent employer _____
 Address _____ Telephone _____
 Start Date _____ Starting Pay _____ Starting Position Title _____
 End Date _____ Departing Pay _____ Last Position Title _____
 Description of duties _____
 Name of Supervisor _____
 Reason for Leaving _____
2. Company name _____
 Address _____ Telephone _____
 Start Date _____ Starting Pay _____ Starting Position Title _____
 End Date _____ Departing Pay _____ Last Position Title _____
 Description of duties _____
 Name of Supervisor _____
 Reason for Leaving _____
3. Company name _____
 Address _____ Telephone _____
 Start Date _____ Starting Pay _____ Starting Position Title _____
 End Date _____ Departing Pay _____ Last Position Title _____
 Description of duties _____
 Name of Supervisor _____
 Reason for Leaving _____

Please list the names of any previous employers (including your current employer) that we may not contact and the reason.

In addition to your work history, what other experiences, skills, training, licenses or qualifications would especially fit you for work with our company?

List any job-related professional associations in which you participate. DO NOT INCLUDE ANY ASSOCIATIONS THAT WOULD IDENTIFY AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, OR RELIGION.

Authorization:

"I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States accordingly to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I authorize investigation of all statements contained herein and the employers listed (unless otherwise stated above) to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that smoking is not allowed on work premises and that if I do smoke it will be cause for immediate termination.

I understand, that if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated at any time, with or without cause or notice, at the option of either the employer or myself. I understand that no one, other than the owner of the practice, in writing, may enter into any agreement for employment on my behalf or make any agreement contrary to the foregoing. Should I desire to leave your employment, I agree to give my written resignation two weeks prior to my termination date. Any account balances, unreturned keys and/or uniforms will be deducted from my final check.

Date: _____

Signature: _____



Aldine Westfield

Animal Hospital Inc

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly appointed representative of Aldine Westfield Animal Hospital Inc. bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Aldine Westfield Animal Hospital Inc. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or attempts to comply, with this authorization.

For the purpose of this background check only we will need your birth date. Knowing your birth date or age will in no way affect the decision we make in offering you a position of employment.

Applicant's Name

Birth date

Date

Witness

Date



Aldine Westfield

Animal Hospital Inc

CONSENT TO TESTING

I understand that I am subject to alcohol and/or drug testing.

I understand that I am now being asked to provide a specimen of my blood, breath or urine for the purpose of determining the presence of alcohol and/or drugs in my body system (s).

I understand that I cannot be compelled to provide specimens for alcohol and/or drug analysis; however, I also understand that if I test positive for alcohol, drugs or refuse to be tested, I will be removed from and/or prevented from re-entering the company's premises.

I hereby consent to provide specimens of my breath, blood or urine.

I also authorize my employer and employer's agents to have continued access to the specimens in case further analysis is required, to obtain the results of all tests made of the specimens, and to communicate concerning these results with the testing agency, governmental agencies having jurisdiction, and the client.

Employee Name: _____

SSN: _____

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

REFUSAL:

I understand that I have the right to refuse to consent to alcohol and/or a drug test. I also understand that refusal to comply with this company's policy will subject me to disciplinary action by the company. I hereby refuse to give my consent to alcohol and/or drug testing.

Employee Name: _____

SSN: _____

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

THE ABOVE EMPLOYEE REFUSED TO SIGN THE CONSENT TO TEST AND REFUSED TO SIGN THE REFUSAL STATEMENT:

Witness Signature: _____

Date: _____