

Application for Employment



4101 W Genesee Street
Syracuse, NY 13219

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

Fairmount Animal Hospital is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

FAIRMOUNT ANIMAL HOSPITAL IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, FAIRMOUNT ANIMAL HOSPITAL OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name _____ Position Applied For _____ (list only one)

Telephone Number (____) _____ - _____ Alternate or Cellular Telephone Number (____) _____ - _____

Present Address: _____

Street, Apartment, or Unit Number _____ City _____ State _____ Zip _____

How long have you lived there ____ / ____ Years/Months

Email Address (optional) _____

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Do you have experience working with Animals in a professional environment? _____

Have you previously applied for employment with Fairmount Animal Hospital? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by Fairmount Animal Hospital? Yes No If Yes, provide dates of employment, location, and reason for separation from employment.

TRAINING AND EDUCATION

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc.).

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech/Trade Or Post College					

Honors Received _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

Name _____	Address _____	Type of Business _____
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not? _____
Wages: Start _____ Final _____ Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

WORK EXPERIENCE continued

Employer

Name	Address	Type of Business
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages: Start _____ Final _____ Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

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Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not? _____	
Wages: Start _____ Final _____ Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

Have you ever been terminated or asked to resign from any job? Yes No. If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No. If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No. If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Fairmount Animal Hospital may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Fairmount Animal Hospital has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Fairmount Animal Hospital's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Fairmount Animal Hospital's policies and applicable federal, state, and local law.

If employed by Fairmount Animal Hospital, I understand and agree that Fairmount Animal Hospital, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

FAIRMOUNT ANIMAL HOSPITAL IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, FAIRMOUNT ANIMAL HOSPITAL OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF FAIRMOUNT ANIMAL HOSPITAL IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF FAIRMOUNT ANIMAL HOSPITAL.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF FAIRMOUNT ANIMAL HOSPITAL, AND I UNDERSTAND THAT FAIRMOUNT ANIMAL HOSPITAL HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Fairmount Animal Hospital or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding Fairmount Animal Hospital's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Fairmount Animal Hospital or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Fairmount Animal Hospital and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Fairmount Animal Hospital to provide truthful information concerning my employment to future employers and hold Fairmount Animal Hospital harmless for providing such information.

If hired by Fairmount Animal Hospital, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Fairmount Animal Hospital. I also understand Fairmount Animal Hospital employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that Fairmount Animal Hospital, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Fairmount Animal Hospital personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date