

**APPLICATION FOR EMPLOYMENT** BluePearl Veterinary Partners and Affiliated Hospitals

BluePearl Veterinary Partners and Affiliated Hospitals is an Equal Opportunity BluePearl. We do not discriminate in practices or employment opportunities on the basis of an individual's race, color, national or ethnic origin, religion, age, sex, gender, sexual orientation, marital status, veteran status, disability, or any other prohibited category set forth in federal or state regulations.

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

DATE	LAST NAME		FIRST NAME		M.I.
STREET ADDRESS		CITY	STATE	ZIP CODE	
EMAIL ADDRESS		HOME PHONE NO		ALTERNATE NO	
POSITION(S) FOR WHICH YOU ARE APPLYING:			DATE AVAILABLE TO START WORK?	DESIRED WORK STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
WHAT IS YOUR WORK LOCATION PREFERENCE?					
<input type="checkbox"/> TAMPA, FL <input type="checkbox"/> BRANDON, FL <input type="checkbox"/> BROOKLYN, NY <input type="checkbox"/> NASHVILLE, TN <input type="checkbox"/> BLAINE, MN <input type="checkbox"/> ATLANTA, GA <input type="checkbox"/> SOUTHFIELD, MI <input type="checkbox"/> CLEARWATER, FL <input type="checkbox"/> MANHATTAN, NY <input type="checkbox"/> QUEENS, NY <input type="checkbox"/> MINNEAPOLIS, MN <input type="checkbox"/> KANSAS CITY, KS <input type="checkbox"/> GWINNETT, GA <input type="checkbox"/> GRAND RAPIDS, MI <input type="checkbox"/> AUBURN HILLS					
OUR HOSPITALS ARE 24-HR. FACILITIES. ARE THERE ANY RESTRICTIONS ON DAYS OR HOURS THAT YOU ARE AVAILABLE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE SPECIFY:			ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU LEGALLY AUTHORIZED TO WORK WITHIN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF HIRED, ARE YOU ABLE TO PROVIDE PROOF OF ELIGIBILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HOW DID YOU LEARN ABOUT THIS POSITION? <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> AD (PROVIDE NAME AND/OR AD SOURCE):				HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, WHEN?	
DO YOU HAVE PRIOR EXPERIENCE WORKING IN A VETERINARY HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, BRIEFLY DESCRIBE YOUR POSITION:					
ARE YOU A LICENSED OR CERTIFIED VETERINARY TECHNICIAN? <input type="checkbox"/> YES    CIRCLE ONE: LVT - CVT - RVT <input type="checkbox"/> NO					ARE YOU BOARD CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY LIST YOUR EXPERIENCE, QUALIFICATIONS AND SKILLS THAT YOU FEEL MAKE YOU A GOOD FIT FOR THIS POSITION, AND AN ASSET TO OUR HOSPITAL:					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, BRIEFLY EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO    THE EXISTENCE OF A CRIMINAL RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM RECEIVING A CONDITIONAL JOB OFFER.					

**EMPLOYMENT HISTORY**

(PLEASE COMPLETE ALL SECTIONS AND ATTACH A COPY OF YOUR RESUME)

1. COMPANY NAME		CITY/STATE	COUNTY	AREA CODE AND PHONE NO.
YOUR POSITION TITLE		BRIEFLY DESCRIBE YOUR DUTIES		
DATES OF EMPLOYMENT		EARNINGS		REASON(S) FOR LEAVING:
FROM:	TO:	START: \$	END: \$	
2. COMPANY NAME		CITY/STATE	COUNTY	AREA CODE AND PHONE NO.
YOUR POSITION TITLE		BRIEFLY DESCRIBE YOUR DUTIES		
DATES OF EMPLOYMENT		EARNINGS		REASON(S) FOR LEAVING:
FROM:	TO:	START: \$	END: \$	

**EMPLOYMENT HISTORY (CONTINUED)**

3. COMPANY NAME		CITY/STATE	COUNTY	AREA CODE AND PHONE NO.
YOUR POSITION TITLE		BRIEFLY DESCRIBE YOUR DUTIES		
DATES OF EMPLOYMENT		EARNINGS		REASON(S) FOR LEAVING:
FROM:	TO:	START: \$	END: \$	

4. COMPANY NAME		CITY/STATE	COUNTY	AREA CODE AND PHONE NO.
YOUR POSITION TITLE		BRIEFLY DESCRIBE YOUR DUTIES		
DATES OF EMPLOYMENT		EARNINGS		REASON(S) FOR LEAVING:
FROM:	TO:	START: \$	END: \$	

**BUSINESS REFERENCES (DO NOT INCLUDE PERSONAL REFERENCES)**

1. COMPANY NAME:	PHONE NO.	CONTACT:	RELATIONSHIP:
2. COMPANY NAME:	PHONE NO.	CONTACT:	RELATIONSHIP:
3. COMPANY NAME:	PHONE NO.	CONTACT:	RELATIONSHIP:

**PERSONAL REFERENCES**

1. NAME:	PHONE NO.	RELATIONSHIP:	HOW LONG HAVE YOU KNOWN THIS PERSON?
2. NAME:	PHONE NO.	RELATIONSHIP:	HOW LONG HAVE YOU KNOWN THIS PERSON?

**EDUCATION**

HIGH SCHOOL	CITY/STATE	GRADE COMPLETED (CIRCLE ONE) 1 2 3 4	YEAR
COLLEGE OR UNIVERSITY	CITY/STATE	DEGREE	YEAR
TECHNICAL SCHOOL	CITY/STATE	DEGREE	YEAR
LIST ADDITIONAL EDUCATION - COURSES, CONTINUING EDUCATION, CERTIFICATIONS, ETC			

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT THE COMPANY SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSIFYING STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME ON THIS APPLICATION FOR EMPLOYMENT. YOU ARE NOT CREATING AN EMPLOYMENT CONTRACT WITH BLUEPEARL VETERINARY PARTNERS BY SIGNING THIS APPLICATION AND FORM. IF HIRED, YOU OR BLUEPEARL, HAVE THE RIGHT TO END YOUR EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE OF APPLICATION

**NOTICE TO APPLICANTS**

**GENERAL INFORMATION**

We are an Equal Opportunity Employer. We do not discriminate in practices or employment opportunities on the basis of an individual's race, color, national or ethnic origin, religion, age, sex, gender, sexual orientation, marital status, veteran status, disability, or any other prohibited category set forth in federal or state regulations.

We comply with the Americans With Disabilities Act of 1990 and the ADA Amendments Act of January 1, 2009. During the interview process, you may be asked questions concerning your ability to perform essential job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering team members in the same job category will be required to complete the same medical history questionnaire and/or undergo a medical examination. In compliance with HIPAA, all medical information is kept in separate and confidential files apart from applicant's basic information.

We also maintain a Drug-Free Workplace in accordance with all applicable state and federal regulations and provide this information in the form of a Policy as well as provide communication to our team members. The Drug-Free Workplace policy is available for inspection at all reasonable times by applicants or team members upon written request.

*PLEASE INITIAL AT THE END OF EACH STATEMENT BELOW TO INDICATE THAT YOU HAVE READ, ACKNOWLEDGE AND UNDERSTAND EACH OF THEM.*

- 1) I understand that, if hired, I will be required to complete a 90-day Introductory Period of employment. I further understand that if I am discharged for unsatisfactory work performance within this introductory period, BluePearl, may seek to deny any unemployment compensation benefits which I may attempt to obtain as a result of my discharge. \_\_\_\_\_  
INITIAL
  
- 2) I understand that as a condition of my employment I must take and pass a pre-employment drug test (oral-based/fluid or a urine specimen submitted at a designated lab) at authorized threshold levels for any or all of the drugs listed by the BluePearl's Drug-Free Workplace Policy, a copy of which I may request for review prior to testing. In addition, I understand that random drug testing is part of the continued employment process. \_\_\_\_\_  
INITIAL
  
- 3) I further understand, subject to confidentiality constraints and rights of appeal granted by state and federal law, if the results of my pre-employment drug test is POSITIVE (indicating substance abuse) and is received by BluePearl prior to or within the 90-day Introductory Period, notwithstanding any other disciplinary provisions contained in the BluePearl's Drug-Free Workplace Policy statement, I will be discharged for cause and BluePearl may seek to deny any unemployment benefits I might attempt to obtain. \_\_\_\_\_  
INITIAL
  
- 4) I understand and agree that all policies, procedures, whether written, published or orally communicated by BluePearl may be modified, amended, or deleted by BluePearl at any time, with or without prior notice to me of such changes or deletions; that BluePearl's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of BluePearl with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person or persons duly authorized by BluePearl. \_\_\_\_\_  
INITIAL
  
- 5) I certify that all information provided to BluePearl by me in the form of an employment application, resume, related papers, or answers provided by me during oral interviews are true and correct. I understand BluePearl may conduct a thorough investigation of any criminal background activities, previous work and personal history. I authorize the giving and receiving of any such information requested by BluePearl in the course of such investigation and hereby release from liability all persons who provide such information to BluePearl. I understand that falsification or any derogatory information discovered as a result of investigation may be cause for immediate discharge for cause, and BluePearl may seek to deny unemployment compensation benefits as a result of my discharge. \_\_\_\_\_  
INITIAL

PLEASE INDICATE BY PRINTING YOUR FULL NAME AND PLACING YOUR SIGNATURE BELOW THAT YOU HAVE READ, ACKNOWLEDGE AND UNDERSTAND THE ABOVE LISTED STATEMENTS AND CONDITIONS OF EMPLOYMENT WITH BLUEPEARL VETERINARY PARTNERS AND ITS AFFILIATED HOSPITALS.

PRINT APPLICANT'S FULL NAME	APPLICANT'S SIGNATURE	DATE
PRINT WITNESS' FULL NAME	WITNESS' SIGNATURE	DATE