

FRESNO PET EMERGENCY & REFERRAL CENTER, INC. ("Fresno Pet ER" or the "Company")

APPLICATION FOR EMPLOYMENT

Fresno Pet ER is an equal opportunity employer and affords equal employment opportunities to all applicants and employees without regard to race, color, creed, national origin, ancestry, sex, sexual orientation (including gender identity), age, religion, physical disability (including HIV or AIDS), mental disability, medical condition, marital status (including registered domestic partner status), citizenship status, military service status or other consideration protected by law.

PERSONAL INFORMATION:

Date: _____ **Social Security No.:** _____ - _____ - _____ **Phone Number:** (____) _____

Name: _____
Last First Middle

All Names Used In The Past: _____

Present Address: _____
Street City State ZIP

Permanent Address: _____
Street City State ZIP

Residence Addresses During the Past Five Years:

Street City State ZIP Dates

Street City State ZIP Dates

Street City State ZIP Dates

Street City State ZIP Dates

Driver's License Information: State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions: (respond fully if driving is required by the job for which you are applying) _____

Are you 18 years of age or older? Yes No

If you are under 18, can you provide proof of your eligibility to work? Yes No

Are you eligible to work in the United States? Yes No

Names of Any Relatives Working For the Company: _____

Referred By/Learned of Fresno Pet ER From: _____

Have you ever been disciplined for discrimination, harassment or violation of company policies; fired; or asked to resign from employment? Yes No

If "Yes," please identify the former employer and explain: _____

EMPLOYMENT DESIRED:

Position: _____ **Date You Can Start:** _____ **Expected Pay Rate:** _____

Are You Employed Now? _____ **Present Employer?** _____

May we contact your present employer? Yes No

Have You Ever Worked For Fresno Pet ER? _____ **If So, When?** _____

Have You Ever Applied to Fresno Pet ER? _____ **If So, When?** _____

You Are Available to Work: Full-Time Part-Time Shift-Work Temporary
On-Call Weekend Overtime

If hired would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the duties of the position for which you are applying, with or without reasonable accommodation, including regular attendance? Yes No

U.S. Military or Naval Service? Yes No **Rank:** _____ **Nature of Discharge:** _____

Have you been convicted of a felony? (An arrest or conviction will not necessarily be a bar to employment. Fresno Pet ER will consider the age and time of the offense, seriousness and nature of the violation, and rehabilitation of the applicant.)

Yes No

If "Yes," describe the conviction including the nature of the offense, the date of conviction, and the rehabilitative efforts taken since the conviction:

Have you been convicted of a misdemeanor? (Do NOT answer yes if the misdemeanor conviction has been expunged, judicially sealed, statutorily eradicated, or you successfully completed probation or a pretrial or post-trial diversion program, or the conviction related to possession of marijuana and the conviction is more than two-years old.) Yes No

If "Yes," describe the conviction including the nature of the offense, the date of conviction, and the rehabilitative efforts taken since the conviction:

Have you been arrested for a crime for which you are currently out on bail or on your own recognizance pending trial, other than for possession of less than one ounce of marijuana more than two years ago? Yes No

If "Yes," describe the reason given for the arrest including the nature of the alleged offense, the date of the arrest, and the date set for trial:

Have you used illegal drugs within the past six (6) weeks? Yes No

If "Yes," state which illegal drugs you used and when: _____

EDUCATION AND SKILLS:

	High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												

Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying.	
Describe any honors, scholarships, appointments or awards 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 any job-related professional or technical organizations to which you belong:

List professional, trade, business or civic activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status:

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

_____ License No.: _____

Has any disciplinary action been taken with respect to your license? Yes No

If "Yes," please explain in detail: _____

FORMER EMPLOYERS:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Do not exclude any employment. Explain any gaps in employment. Identify other employers on the back if you have insufficient room to list all previous employers.

1. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
2. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					

3. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
4. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					
5. Employer		Dates Employed		Hourly Rate/Salary	
		From	To	Starting	Final
Address					
Telephone Number(s)		Work Performed			
Your Job Title	Your Supervisor's Name				
Reason for Leaving					

REFERENCES: List three non-employment references who are not related to you, and have known you for at least one year.

1. _____
Name Address

Telephone Business Years Acquainted
2. _____
Name Address

Telephone Business Years Acquainted

3. _____
 Name Address

Telephone Business Years Acquainted

IN CASE OF EMERGENCY NOTIFY:

 Name Address

Home Telephone Cellular Telephone Business Telephone

I understand and acknowledge the following:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application, on any supporting documents, or in any interview, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver's license and provide proof of automobile insurance if my job requires me to drive in the course of my work.
4. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period. My employment may be terminated at any time with or without cause and with or without prior notice. In addition, all terms and conditions of my employment shall be at will and subject to modification by the Company at any time. I understand that, except for the President or Vice-President of Fresno Pet ER, no supervisor or manager may alter or amend the above conditions. Only the President or Vice-President of Fresno Pet ER has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the terms of this paragraph and any agreement different than this paragraph is unenforceable unless it is in writing and signed by the President or Vice-President of Fresno Pet ER.
5. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.
6. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.
7. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of both a drug and alcohol screen and a post-offer medical examination. I agree that failure to pass the test/examination, refusal to cooperate with the administration of the test/examination, or any attempt to improperly affect the results of the test/examination will result in the withdrawal of any offer or termination of employment if already employed.
8. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company and sign an Employee Handbook acknowledgement form and other documents signed by new employees which may include a background investigation authorization, a drug testing authorization, a mandatory arbitration agreement and a confidentiality agreement.
10. I authorize investigation of all statements contained in this application and any supporting documents. I authorize Fresno Pet ER to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
11. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through ten (10) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President or Vice President of Fresno Pet ER. I hereby agree to submit any dispute arising out of my submission of this application or arising after I am hired to binding arbitration pursuant to the Company's alternative dispute resolution policy. I agree that I will have no right to a jury trial arising from my submission of this application or my employment should I be offered employment.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE CONTENTS OF THIS EMPLOYMENT APPLICATION.

 Date Applicant's Signature