

YOU'VE GOT A FRIEND LOW COST PET CLINIC LLC

Phone: 352-557-8111

Employment Application

Personal Information

Last	First	Middle	Preferred Name
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Email Address	Home Phone	Mobile Phone
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If you have been known by any other names in the last 10 years please list all names:

Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Birth
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Have you been convicted of any criminal charges in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please add any additional information you would like to provide regarding any convictions:
A criminal conviction is not an absolute bar to employment, however any fasification, or omission, are grounds for immediate termination should you be hired.	

How did you hear about this position?

Expected Hourly Rate	Expected Weekly Earnings	Date Available
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Are you a user of Tobacco Products, including cigarettes, chewing tobacco, and/or pipes? Yes No

Are you aware of the Hospital's Smoke Free Workplace Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Hired are you willing to comply with the Smoke Free Workplace Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Addresses For The Last Seven Years (If you require additional space, please write on the back of this page.)

Current Street Address	City	ST	Zip	From (Month/Year)	
Previous Street Address	City	ST	Zip	From (Month/Year)	To (Month/Year)
Previous Street Address	City	ST	Zip	From (Month/Year)	To (Month/Year)
Previous Street Address	City	ST	Zip	From (Month/Year)	To (Month/Year)
Previous Street Address	City	ST	Zip	From (Month/Year)	To (Month/Year)

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone Number						
Name of Immediate Supervisor						
Dates of Employment	From (Month/Year)	To (Month/Year)	From (Month/Year)	To (Month/Year)	From (Month/Year)	To (Month/Year)
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone Number			
Relationship to Reference			

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Directions: Please read each statement below, check "Yes" or "No" as appropriate, then sign and date the bottom.

By signing this application:

I hereby certify and affirm that the information provided in connection with the application process is true, accurate and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. Yes No

I understand that any omission, misrepresentation, or falsification in connection with this application process may be grounds for denial of employment or, if hired, immediate termination of employment. Yes No

I hereby provide consent for my former employers to be contacted if I checked yes. Yes No

I hereby consent for my references to be contacted. Yes No

I hereby authorize Leesburg 441 Pet Hospital LLC, Winter Park 436 Pet Doc Hospital LLC, St. Cloud 192 Pet Doc Hospital LLC, Semoran & 408 Pet Doc Hospital LLC, and/or Adkins 301 Pet Hospital LLC (hereinafter "Pet Hospital") to investigate all information pertinent to my application for employment in order to determine my suitability for employment, including a background and criminal records check. Yes No

I hereby authorize all persons, schools, my current employer (if applicable), previous employers, references and organizations having information relevant to my application to provide that information to Pet Hospital. Yes No

I release all persons, schools, employers, organizations or other entities of any and all claims for providing such information. Yes No

I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to Pet Hospital. Yes No

I understand that all hospital locations are designated Smoke Free Workplaces, and agree to comply with all related policies. I understand failure to do so shall result in immediate termination. (A copy of the policy will be provided upon request.) Yes No

I understand there is a Zero Tolerance Drug Policy for all employees of Pet Hospital, and that there may be pre-employment drug screening tests, and if hired I may be required, and I agree, to undergo random Drug Screening. Yes No

I understand that nothing contained in this application, or conveyed during any interview that may be granted, is intended to create an employment contract. Yes No

I understand any offer of employment is contingent upon my availability to work on Saturdays, should my availability change my employment may be terminated with cause, as I recognize I will be unable to perform the requirements of the position. Yes No

Should I be hired, I understand and agree to work on Saturdays. (While a Saturday may be requested off on occasion it is up to your Manager's discretion if the day may be given off.) Yes No

I understand that if I am hired by Pet Hospital, I must abide by all the rules and policies of Pet Hospital, which may be changed from time to time. Yes No

I understand by submitting this application I am being considered for employment, this application is to continue in the application process, and I have not been offered employment. Yes No

I understand by submitting this application I am not guaranteed an offer of employment. Yes No

I hereby certify and affirm that I have never had a DEA registration revoked, suspended or denied. Yes No

Signature of Applicant

Date