

APPLICATION FOR EMPLOYMENT

We are 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

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

Applicant Name:		Position Applied for:		
Telephone Number: ()	Alternate/Ce	llular Telephone Number: ()		
Present Address:Street, Apa	artment, Unit Number			
City	State	Zip		
Email Address:		Desired Salary/Hourly Rate:		
If under the age of 18, can you produce	the necessary wor	rk certificate at the time of employment?		
Type of employment desired (full time,	/part time)?	(Specify Hours)		
Have you previously applied for employ	yment with CNY Ve	terinary?		
Have you ever been employed by CNY	Veterinary?			
		ve been known which may be necessary to allow us to confirm of name, use of an assumed name, nickname, etc.		

Education	School Name	Course of	Graduate	# of Years	Honors
	& Location	Study or Major	Y or N	Completed	Received
High School					
College					
Grade/Professional					
Trade or Work					
Experience					

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 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?	? Yes/No If No, Why Not?		
Reason for Leaving?				
What will this employer s	say was the reason your employment ter	rminated?		
Were you ever discipline	d? If so, for what?			
How much notice did you	u give when resigning? If none, explain			
Employer				
Name	Address	Type of Business		
Telephone: ()	Dates Employed From//	to//		
Job Title:	Duties:			
Supervisor's Name:	May we contact?	? Yes/No If No, Why Not?		
Reason for Leaving?				
What will this employer s	say was the reason your employment ter	rminated?		
Were you ever discipline	d? If so, for what?			
How much notice did voi	give when resigning? If none, explain.			

Have you ever been terminated or asked to resign from a Job? If yes, how many times?				
Has your employment ever been terminated by mutual agreement? If yes, how many times?				
Have you ever been given the choice to resign rather than be terminated? If yes, how many times?				
If you answered yes to any of the above three questions, please explain the circumstances of each occasion.			occasion.	
References (Optional)				
Please list the names of additional work-related references we may contact. Individuals with no prior work experience				
may list school or volunt	teer-related references.			
Name	Position	Company	Work Relationship (i.e. supervisor, co- worker, etc)	Telephone

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

Name	Occupation	Address	Telephone	Number of Years Known

APPLICANT CERTIFICATION

I understand that the Company 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 the Company 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 the Company'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 the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, 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 a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, 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.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY 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 THE COMPANY 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 AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXECPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume 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 and allowed by law, I will receive separate written notification regarding the Company'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 the Company or its duly authorized representative pursuant to the 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 the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if

hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by CNY Veterinary, 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 this Company. I also understand that this Company 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.

Applicant Signature:	Date://
Signature by the applicant's parent or legal guardian legal guardian that the Company, to the extent perm	consent must be signed by the applicant's parent or legal guardian. In constitutes acknowledgement by the applicant and the parent or itted by federal, state, and local law can test the applicant for illegal coperty without notice, and communicate test results to Company applicant's legal guardian.
Parent/Legal Guardian	Witness
Date	 Date