

CONNECTICUT VALLEY VETERINARY ASSOCIATES

Pieper-Olson Veterinary Hospital, Marlborough Animal Hospital
Essex Veterinary Clinic, East Haddam Veterinary Clinic, Pieper Memorial (Madison)

APPLICATION FOR EMPLOYMENT

(REVISED AUGUST 2017)

Connecticut Valley Veterinary Associates ("Veterinary Associates") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. Veterinary Associates considers applicants for all positions without regard to race, color, religion, gender, national origin/ancestry, age, disability, marital or civil union party status, sexual orientation, gender identity disorder, or any other legally protected status.

PERSONAL INFORMATION

Last Name		First Name		Middle		
Address		Number	Street	City	State	Zip Code
Telephone Number(s):		Home	Work	Cell		
Email Address:						

How did you hear about us? Newspaper Internet Other _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes No

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes No

EMPLOYMENT DESIRED

Position(s) applied for: _____ Hourly Rate/Salary desired? _____

On what date would you be available to begin work? _____. Can you work weekends? Yes No

Are you available to work: Full-time (minimum 35 hrs/wk) Part-time (less than 35 hrs/wk)

Can you work overtime if your job requires it? Yes No Can you work Holidays? Yes No

Hours Available: ___ Anytime ___ Mornings Only ___ Afternoons Only ___ Evenings Only

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes No

If yes, please explain (continue on the reverse side of this sheet) _____

EDUCATION AND TRAINING

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Secondary School			5 6 7 8	
High School, Prep School			9 10 11 12	
College, University			1 2 3 4	
Graduate, Trade, Business School				

Academic Scholarships/Awards _____

Describe any specialized training, licenses or certifications:

Has any veterinary license or certification you have held been surrendered, suspended or revoked for any reason?

If so, please explain: _____

EMPLOYMENT EXPERIENCE

Starting with your **most recent employment**, provide your complete employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current employer may be contacted unless you ask us not to do so. If you provide a resume that contains some of the requested information, you must nonetheless complete the fields marked by an asterisk (*).

Employer* _____ From _____ To _____

Address _____ Hourly Rate/Salary* _____

Telephone Number(s) _____ Job Title _____

Duties & Accomplishments _____

Supervisor (Name and Title) _____

Reason for leaving* _____

EMPLOYMENT EXPERIENCE (CONTINUED)

Employer* _____ From _____ To _____
Address _____ Hourly Rate/Salary* _____
Telephone Number(s) _____ Job Title _____
Duties & Accomplishments _____

Supervisor (Name and Title) _____
Reason for leaving* _____

Employer* _____ From _____ To _____
Address _____ Hourly Rate/Salary* _____
Telephone Number(s) _____ Job Title _____
Duties & Accomplishments _____

Supervisor (Name and Title) _____
Reason for leaving* _____

Employer* _____ From _____ To _____
Address _____ Hourly Rate/Salary* _____
Telephone Number(s) _____ Job Title _____
Duties & Accomplishments _____

Supervisor (Name and Title) _____
Reason for leaving* _____

(If you need additional space, please continue on back of application or attach additional sheets.)

REFERENCES

Please provide names of 3 professional references, not related to you, whom you have known at least one year.

NAME

TITLE

HOME PHONE

BUSINESS PHONE

1. _____
2. _____
3. _____

SKILLS AND EXPERIENCE

State any other skills or experience relevant to the job for which you are applying that you think may be helpful to us in considering your application:

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Connecticut Valley Veterinary Associates ("Veterinary Associates").

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Veterinary Associates. Further, in consideration of my employment, I agree to conform to the policies and procedures of Veterinary Associates, as they may from time to time be implemented or revised, and that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Veterinary Associates or myself. I understand that no supervisory, management or any other employee at Veterinary Associates has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of Veterinary Associates or conduct of anyone at Veterinary Associates should be interpreted to make such a guarantee, unless the President of Veterinary Associates specifically acknowledges such change in writing.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work. I understand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I work, including any hours in excess of 40 hours in a work week. **I have read, understood and agree to the foregoing.**

Signature of Applicant

Date

BRIEF JOB DESCRIPTIONS AND REQUIREMENTS

**Providing the best possible service, to our clients and their pets,
is our goal and therefore is a common duty assigned to all employees.**

RECEPTIONIST: Duties include, but are not limited to: answering the phone; greeting the public; admitting and discharging patients; collecting fees; selling over the counter products; assisting clients with questions; taking messages; recording medical histories and other client information; filing; refilling prescriptions; assisting other hospital staff as requested or required; maintaining the reception area and waiting area in an orderly fashion; booking appointments; entering data into the computer system; invoicing for services and products; collecting payments for services and products; maintaining the public bathroom; maintaining the hospital entrance.

VETERINARY TECHNICIAN: Duties include, but are not limited to: providing nursing care for hospitalized patients as directed by the veterinarian; position patients for radiographs as well as expose and process the films; collect and process laboratory samples; perform in house lab tests; record lab results; place and maintain iv catheters; administer medications as prescribed by the veterinarian; provide client education; coordinate treatment and operating room activities as needed; assist in surgery; oversee the medical needs of boarding and hospitalized animals; perform dentals; monitor anesthesia; maintain the hospital in an orderly fashion; assist other staff members as needed or required; assure the smooth operation of the hospital in general.

VETERINARY ASSISTANT: Duties include, but are not limited to: assisting the veterinarian and veterinary technician as directed; maintain the hospital wards in a clean and orderly fashion; feed, air and bathe animals; do laundry and maintain the laundry area; maintain generalized hospital cleanliness through out the facility.

BOARDING KENNEL ATTENDANT: Duties include, but are not limited to: cleaning and maintaining the kennel in an orderly fashion; feed, air and bathe animals; do the laundry and maintain the laundry area in an orderly fashion; interact with the public as directed or needed; provide the best possible boarding experience to our visitors and their owners.

EXAM ROOM PERSON: Duties include, but are not limited to; assisting the veterinarian in the exam room; restraining patients; escorting clients to and from the exam room and assisting clients as needed with animals and/or purchases (helping to get things to and from the parking lot); getting accurate weights on all patients; putting up medications; preparing fecal samples for parasite examination; preparing/completing/filing Animal Population Control paperwork; cleaning exam rooms between clients; stocking exam rooms and maintaining basic exam room cleanliness including cleaning out drawers, cabinets, empty garbage, maintaining sharps container, etc.; helping in the admission process for patients, including placing the patient in the proper ward; filling prescriptions as labels are printed or as requested; stocking supplies in the pharmacy area such as medications, syringes, paperwork, and all other essentials; keeping the floors, counters and shelving clean. Some other duties that may require special training before they can be attending to: unpacking boxed deliveries; obtaining lab samples such as blood samples, skin scrapings, fungus cultures; preparing lab samples and paperwork for samples being sent to an outside lab; cutting nails; cleaning ears; and client education.

AVAILABILITY SCHEDULE

In order to assist us with developing a potential work schedule if you are hired, please indicate below which of the following days of the week/times you are not available and offer a short explanation. If you are not available only at certain times on certain days, please indicate by saying: "No mornings, classes 8-12" or "No evenings, volunteering 3-8".

Below, please write possible exceptions to the general rule, such as known special events or appointments.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Not Available							
Reason							

REQUIREMENT TO WORK AT OTHER PRACTICE LOCATIONS

By signing below, I understand that, as a condition of hire, I may be required to periodically fill a shift at another satellite practice which may be located in Middletown, Essex, Marlborough, East Haddam or Madison.

Applicant Signature: _____ Date: _____

NOTICE OF PHYSICAL JOB REQUIREMENTS

Any positions within our practice may require an individual to lift and/or carry moderately heavy objects and animals, bend, twist, squat, kneel, climb, reach (out and overhead), push, and pull. Our practice is "paperless", meaning that there is considerable use of computers and keyboard use.

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, Connecticut Valley Veterinary Associates ("Veterinary Associates") may conduct a background check. If you are hired, Veterinary Associates may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, Veterinary Associates may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If Veterinary Associates obtains a "consumer report" about you, and considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports.

Your signature below authorizes Veterinary Associates to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment. Your signature also acknowledges your receipt of the Summary of Your Rights Under the Fair Credit Reporting Act, which is attached.

Please provide the following information so that Veterinary Associates may conduct the background check:

Social Security No.: _____ - _____ - _____

Driver's License No: _____

State: _____

Signature: _____

Print Name: _____

Print Former Name: _____

Dates Used: _____

Please note that the Consumer Reporting Agency may contact you directly to request additional information needed to perform the background check and that you are required to comply with any such request for information as part of the application process.

****For applicants in Connecticut:** CPA may only obtain and/or use a credit report pertaining to any Connecticut applicants/employees: (a) when the report is required by law; or (b) when CPA reasonably believes the employee engaged in any activity that constitutes a violation of the law related to his/her employment; or (c) when the report is substantially related to the applicant/employee's current or potential job or when CPA has a bona fide purpose for requesting or using the information in the credit report that is substantially job-related and is disclosed in writing to the applicant/employee.

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with Connecticut Valley Veterinary Associates ("Veterinary Associates"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of Veterinary Associates to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at Veterinary Associates. I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to Veterinary Associates, and hereby release all persons from liability for any damage that may result from furnishing such information to Veterinary Associates. A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Print Name: _____

Print Former Name: _____ Dates Used: _____

NOTICE TO APPLICANTS REGARDING
PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with Connecticut Valley Veterinary Associates (“Veterinary Associates”) may be required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of Veterinary Associates’ intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by Veterinary Associates and shall not be disclosed to the employees of Veterinary Associates, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of Veterinary Associates, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

Further, Veterinary Associates prohibits employees from possessing or being under the influence of alcohol or illegal drugs while performing work-related functions. Failure to consent to a properly requested test for drugs or alcohol during the course of employment or failing a drug or alcohol test are grounds for termination of employment.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with Veterinary Associates, you will comply in full with Veterinary Associates’ drug and alcohol policies. Refusal to consent to a properly requested drug or alcohol test during the course of employment is grounds for termination of employment.

Applicant Signature

Date

Name (Please Print)

NOTICE OF EXPIRATION OF JOB APPLICATION

This application for employment will remain active for thirty (30) days. After that time has passed you must reapply for further consideration.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied, by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center –FCRA Washington, DC 20580 *202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 *800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 *202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 *800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 *800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DD 20590 *202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 *202-720-7051