

**Thank you for your interest in a career with
Orchard Park Veterinary Medical Center!**

Please read the following information to learn more about us and our interview process. If you have any further questions, please contact us. We will be happy to help you.

Submitting An Application:

To apply for a position with Orchard Park Veterinary Medical Center, an Application for Employment must be completed. Resumes may be submitted but will not be considered in lieu of a completed application. All questions must be answered completely. You may be disqualified for any false statement or for omitting information.

Screening/Interview Process:

There are several steps in the Orchard Park Veterinary Medical Center hiring process. Please be patient. All applications are tentatively accepted and subject to a review of education and employment history. The screening and interview process could include a telephone screening, a personal interview, and a group interview with other team members. You will be notified via telephone or US mail regarding whether you were selected.

Job Description

A copy of the job description that you are applying for is provided for you at the interview stage.

Reasonable Accommodation

Orchard Park Veterinary Medical Center will provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you need assistance or accommodation to interview because of a disability, please contact us prior to the interview. Employment opportunities will not be denied because of the need to make reasonable accommodations for an individual's disability.

Conditions of Employment

If you are selected for a position at Orchard Park Veterinary Medical Center, you will be officially extended an offer of employment by a member of our Management Team. All new employees must complete an orientation program related to the agency as well as their particular position. All prospective employees will be required to:

- Successfully pass pre-employment drug testing
- Provide documents establishing identity and employment eligibility
- Copy of your degree/diploma/license/certification appropriate to the discipline

On the Web

Please visit our website, www.opvmc.com for information about our hospital.

Orchard Park Veterinary Medical Center is proud to support a Drug-Free Workplace. Orchard Park Veterinary Medical Center is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination based on race, color, religion, age, gender, disability, marital or veteran status, national origin and other categories protected by federal, state or local law.

Notice of Nondiscrimination: Pursuant to Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Orchard Park Veterinary Medical Center does not discriminate in the provision of services on the basis of race, color, national origin, disability or age.

Please keep this page for your future reference



ORCHARD PARK
VETERINARY
MEDICAL CENTER

3930 North Buffalo St.
Orchard Park, NY 14127
www.opvmc.com

APPLICATION FOR EMPLOYMENT

This form can be typed on. If you are unable to do so, please print
clearly-- **All questions must be answered**

OPVMC is an Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Email Address: _____

Home Telephone: _____ Cell: _____

EMPLOYMENT INTEREST

Position(s) applied for: _____ Date of application: _____

Salary range desired: _____ Date available for work: _____

Type of position: Full time Part time Other : _____

Are you available to work the following: Overtime: Yes No Evenings: Yes No

Weekends: Yes No Holidays: Yes No

GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.? Yes No
Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity on the first day of employment. Failure to submit such proof within the required time shall result in immediate employment termination.
 2. Are you at least 18 years of age? Yes No If not, birthdate: _____
 3. Referral source: _____
 4. Have you applied to our company before? Yes No If yes, when?
 5. Have you been employed by our company before? Yes No If yes, when?
 6. Do you have any relatives employed by this company? Yes No If yes, please list names, relationships and positions:
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EMPLOYMENT HISTORY

Starting with your most recent employment, list recent employment including self employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

EDUCATION

Please list the last year of formal education completed:

If you did not complete high school, do you have a high school equivalency diploma (GED)? Yes No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training or Skills (Special courses, computers, typing, special licenses, permit or certificates)

Please identify the job for which you are applying and write a paragraph as to why you are qualified.

REFERENCES

List three References you have known over three years who are not related to you.

Name	Company/Occupation	Years Known	Telephone Number

Notice to all applicants:

Employment with Orchard Park Veterinary Medical Center may be contingent upon the applicant passing a reference check, and / or background check. Orchard Park Veterinary Medical Center has the right to revoke any offer of employment based upon a failed background check.

Orchard Park Veterinary Medical Center is authorized to investigate all statements made on the application and to discuss the results of its investigations with those responsible for hiring. Orchard Park Veterinary Medical Center may also contact my former employer(s), References provided or other persons who can verify information.

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name *(Please print.)* _____

Applicant Signature: _____

Date: _____

Work Availability Form

We ask that you please indicate what your current availability is in the below boxes. In the top box for each day, please indicate your availability for morning shifts by entering the actual time you can be available, and in the bottom box, your availability for evening shifts by entering the actual time you could work until. Please also indicate clearly what days you cannot work, and which days/slots you would prefer. If hired, there is a possibility that you may be asked to work on days/slots in which you have indicated are not your preference.

Name _____ Phone _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I have no restrictions and I am available to work any shift, morning or evening

Cannot Work:

Sun AM PM Mon AM PM Tues AM PM Wed AM PM Thurs AM PM Fri AM PM Sat AM PM

The position, if offered, requires that part-time employees be available to work 1 holiday each year, and full-time employees be available to work 2 holidays each year. Holiday shift coverage is based on seniority within the department. Please indicate whether or not you would be able to meet these requirements:

I understand the hospital holiday coverage policy and will be able to meet the requirements as stated above. Yes No

Please note any additional information regarding your availability that you feel would be helpful with regards to your obtaining this position:

Applicant Signature: _____ Date _____