

Please select one:

- Ambassador Dog & Cat Hospital Signal Hill Animal Hospital Sunny Hills Dog & Cat Hospital
 Sunsurf Veterinary Hospital Whittier Dog & Cat Hospital

AUTHORIZATION AND UNDERSTANDING

I certify that information given herein is true and complete without qualification. I understand that Signal Hill Animal Hospital Inc. may investigate my work and personal history and verify all data given on this application or related papers and in interviews and I authorize Signal Hill Animal Hospital Inc. to do the same. I understand and acknowledge that any misrepresentations or omission of fact by me can result in immediate discharge.

If I resign or if I am terminated, I authorize Signal Hill Animal Hospital Inc. to use any information in it's possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any third party, future employer and prospective employer, without my receiving any prior notice, and I release Signal Hill Animal Hospital Inc. from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of Signal Hill Animal Hospital Inc. including without limitation the employee manual and the directions of its Supervisors. I understand and acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of Signal Hill Animal Hospital Inc., and can be terminated, with or without cause, and with or without notice, at any time at the option of Signal Hill Animal Hospital Inc. or myself. I further understand and agree that no manager, representative, agent or employee of Signal Hill Animal Hospital Inc. other than its President, has now or has had in the past any authority to enter into any agreement for employment of any specified period of time or to make an agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by myself and the president of Signal Hill Animal Hospital Inc. in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is required, are known, and is further conditioned upon verification of the information contained in this application. I also understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations at the employer's discretion and expense.

I further attest that all of the foregoing is true and correct information in this application. I understand that I can be disciplined or terminated by Signal Hill Animal Hospital Inc. for providing inaccurate or false information on their application.

Signal Hill Animal Hospital Inc. is an Equal Opportunity Employer and therefore complies with the laws prohibiting discrimination of such factors as race, color, religion, sex, weight, national origin, citizenship, age, marital status, sexual preference or handicap.

EMPLOYEE AT WILL AGREEMENT STATEMENT

I understand that my employment with Signal Hill Animal Hospital Inc. is at will and may be terminated with or without cause, and with or without notice, at either my or the Company's option. I further understand and agree notwithstanding the above, that, no manager, representative, agent or employee of Signal Hill Animal Hospital Inc. other than its President, has now or has had in the past any authority to enter into an agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representative must be in writing or signed by both myself and the President of Signal Hill Animal Hospital Inc. in order to be effective.

CONSENT FOR RELEASE OF INFORMATION

In consideration for my application for employment at Signal Hill Animal Hospital Inc. I hereby authorize my current employer to provide any and all written and verbal information concerning me and my character, moral fitness, honesty, and my ability to get along with supervisors and co-workers, my ability to perform for which I have applied, my disciplinary record, my education, and training, and the dates of employment, compensation, and such other information maintained by the former employer.

In further consideration of the time and effort in responding to this request, I hereby release my current employer, it's employees, officers, director, agents, personnel, attorneys, affiliated, and related entities from any and all claims, liabilities, damages, or causes of action in any way arising from the references or information provided as a result of the authorization. I further agree that a copy of the Consent for Release of Information can be supplied to my current employer in lieu of the original.

Employee Signature: _____

Date: _____