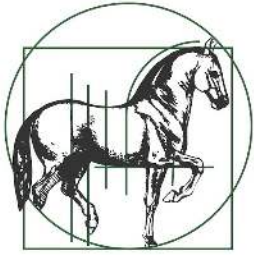


# BEND EQUINE MEDICAL CENTER

## ***New Hire Application***

APPLICANT INFORMATION					
Name				Date	
Street Address					
City			State		ZIP
Phone			Email		
EMPLOYMENT INFORMATION					
Position you are applying for:					
Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Which of the following shifts are you available for:	<i>(check all that apply)</i>				
<input type="checkbox"/> Any	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating	<input type="checkbox"/> Saturdays	
<input type="checkbox"/> Other:	_____				
Are you older than 16 years of age?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you have any known allergies to drugs, pets, and latex? <i>(this will not eliminate you from consideration for a position, but it is for your own safety if hired)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If offered a position, when can you report for work?					
EDUCATION INFORMATION					
Name and Location	Graduate / Degree		Major / Subject of Study		
High School					
College or University					
Graduate School					



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## SKILLS AND QUALIFICATIONS

Other qualifications or skills you wish to bring to the employer's attention such as supervision skills, other languages, abilities, computer/software you are qualified to operate?

Professional licenses, certifications, or registrations:

## PREVIOUS EMPLOYMENT

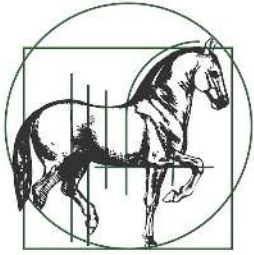
*List most recent employment first.*

Employer – City / State / Phone #	Position title/duties, skills:	Start Date:	End Date:
<hr/> <hr/> <hr/> <hr/>			
		Reason for leaving:	

May we contact this employer for a reference?  Yes  No

Employer – City / State / Phone #	Position title/duties, skills:	Start Date:	End Date:
<hr/> <hr/> <hr/> <hr/>			
		Reason for leaving:	

May we contact this employer for a reference?  Yes  No



# BEND EQUINE MEDICAL CENTER

## REFERENCES

*Please list three references – 2 professional, 1 personal*

Full Name – City / State	Phone	Relationship

## DISCLAIMER AND SIGNATURE

In the event that you agree to accept a position with this company, you (the applicant) and the company (Bend Equine Medical Center) agree that the employment relationship is an AT WILL relationship and the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee. BEMC is an equal opportunity employer and does not discriminate on the basis of any attributes protected by federal and state laws.

As part of our procedure for processing your application, you may be requested to consent to a pre-employment drug test as well as a background check for any criminal conviction history, your driving records and license status. All information obtained during this procedure will be kept confidential. By signing below, you are giving consent to these requests.

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

Signature

Date