



Working Interview Acknowledgement and Release Form

I, _____ (print name), understand and agree, that I will work at Emergency Pet Clinic of Temecula on _____ (insert date) for a working interview. I understand and agree that the services I perform on this date do not make me an Employee of Emergency Pet Clinic of Temecula and do not entitle me to any benefits.

I further understand and agree that I am not covered by Emergency Pet Clinic of Temecula's workers compensation or professional liability insurance policies, and that I will be solely responsible for any injury sustained by me while I am present on the Hospital premises. I hereby release, and agree to hold harmless, Emergency Pet Clinic of Temecula and its current and former officers, directors, agents, representatives, and employees from all claims, injuries, liabilities, costs and expenses (including attorney's fees) arising out of my working interview.

I understand that Emergency Pet Clinic of Temecula will pay me minimum wage for services provided during the working interview. I understand that I will receive payment for the working interview no later than 72 hours after the end of the working interview. If Emergency Pet Clinic of Temecula extends an offer of employment, and their offer is accepted, I understand that payment for the working interview will be included on my first paycheck.

I understand and agree that I am providing assistance without any express or implied promise of future employment.

Candidate Signature

Date

Print Name

Supervisor's Signature

Emergency Contact Information:

Name

Phone Number