

# Employment Application

Crystal Lake Veterinary Hospital

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application or interview.

Date of Interview (Month/Day/Year):

/ /

## Applicant Data

Position Applied for

How did you hear about the available position? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you of legal employment age? If not can you provide a work permit? Yes \_\_\_ No \_\_\_ If no please explain: \_\_\_\_\_

Have you ever worked for Crystal Lake Veterinary Hospital? Yes \_\_\_ No \_\_\_ If yes when? \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_ If not are you legally allowed to work in the U. S.? Yes \_\_\_ No \_\_\_

What type of employment are you looking for? Full-Time \_\_\_ Part-Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes \_\_\_ No \_\_\_ If yes, give dates, and details: \_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): \_\_\_\_\_

Summarize Your Special Skills or Qualifications: \_\_\_\_\_

Are you currently or have been a member of the United States Military? If so which Branch? \_\_\_\_\_ Yrs. \_\_\_\_\_

While serving did you receive any special training to the applied position? \_\_\_\_\_

# Previous Employment starting with most recent position

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Position(s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting salary: \_\_\_\_\_ End salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Position(s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting salary: \_\_\_\_\_ End salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

Dates of Employment: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Position(s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting salary: \_\_\_\_\_ End salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.*

*In the event that I am employed, I understand that false or misleading information given in my application or interview may result in discharge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_