

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: _____