

140 Elk Trail Carol Stream, Illinois 60188 (630) 462-7888

EMPLOYMENT APPLICATION FOR CAROL STREAM ANIMAL HOSPITAL

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law.

| in response to an | ny question de used in violation of any such law. | | | | | | |
|---|--|---------------------------|------------------|-------------------------|--------------------|--------------------|--|
| | YOUR BAC | CKGROUND | | | | | |
| Full (Legal) Name | × | | | Date: | | | |
| Street Address: | | | | Home | Phone: | | |
| City: | State | Zip | | How | Long at this addre | ess? | |
| Were you previous | sly employed by this company? | s, Dates: | | Socia | l Security No.: | | |
| Have you previous | sly applied for work to this organization? No, or Yes | s, Date: | | | | | |
| Position applying for: ☐ Receptionist; ☐ Veterinary Assistant | | | | | Wages Desired: | | |
| Check the following options which you would consider: ☐ Full-time; ☐ Part-time; ☐ Temporary | | | | Date available to work: | | | |
| In case of emergency notify: | | | | Phone: | | | |
| | | | | | | | |
| | YOUR EDUCATION | ON AND TRAININ | NG | | | | |
| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | | | | DIPLOMA/ DEGREE | |
| HIGH SCHOOL | | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | | |
| TRADE OR APPRENTICE SCHOOL | | | | | | | |
| OTHER SCHOOL | | | | | | | |
| Please list any oth | ner education, training, special skills or certificates/licenses | that you possess which a | re relevant to t | the po | sition for which y | ou are applying. | |
| List any machines | s or equipment that you are qualified and experienced at ope | erating which are relevan | t to the positio | on for | which you are app | plying. | |

| EXPERIENCE: LIST PRESENT AND FO | RMER EMPLOYERS, BEGINNII | NG WITH MOST RECENT |
|--|--|-----------------------------------|
| Company Name | Type of business | Phone () |
| Address | Employment dates (Month & Year) From | То |
| Name & Title of supervisor | May we contact? ☐ Yes ☐ No | Employed ☐ Full Time ☐ Part Time |
| Position held: | Wages: Starting: | Last: |
| Describe your work | | |
| Reason for leaving? | | |
| Company Name | Type of business | Phone () |
| Address | Employment dates (Month & Year) From | То |
| Name & Title of supervisor | May we contact? ☐ Yes ☐ No | Employed ☐ Full Time ☐ Part Time |
| Position held: | Wages: Starting: | Last: |
| Describe your work | | |
| Reason for leaving? | | |
| Company Name | Type of business | Phone () |
| Address | Employment dates (Month & Year) From | То |
| Name & Title of supervisor | May we contact? ☐ Yes ☐ No | Employed ☐ Full Time ☐ Part Time |
| Position held: | Wages: Starting: | Last: |
| Describe your work | 1 | |
| Reason for leaving? | | |
| | | |
| OTHER SK Have you had any other experiences or qualifications in addition | ILLS AND QUALIFICATIONS on to those indicated above, which relate to the in- | oh for which you are applying? |
| Trave you had any other experiences or quantications in addition | on to those indicated above, which relate to the je | or for which you are applying: |
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| REFERENCES: LIST BUSINE | SS PERSONS KN | OWN, BUT NOT RELATED TO YOU | J, OTHER THAN | LISTED ABOVE | | | | | |
|---|---------------------------|--|---------------------------|---------------------------|--|--|--|--|--|
| Name | Title | Business | Phone | Years Known | | | | | |
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| ADDITI | ONAL EMPLO | OYMENT-RELATED INFORM | IATION | | | | | | |
| | | NAME | REL | ATIONSHIP | | | | | |
| Please list any relatives or friends working f | or this organization | | | | | | | | |
| | | | | | | | | | |
| | | a birth certificate, proof of U.S. Citizenship, | | | | | | | |
| If you are under the age of 18, are you able to furnish a work permit? □ No | | | | | | | | | |
| | it your ability to perfo | orm job duties? | | □ Yes □ No | | | | | |
| If Yes, please explain: | | | | | | | | | |
| Have you been convicted of a crime in the p | oast 7 years, excluding | g misdemeanors and summary offenses, which | n has not been annulle | ed, expunged, or sealed | | | | | |
| - | | | | □ Yes □ No | | | | | |
| If Yes, please describe in detail: | | | | | | | | | |
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| | | A conviction i | ecord will not necessaril | ly be a bar to employment | | | | | |
| | ADDI | ITIONAL DEMADIZE | | | | | | | |
| | ADDI | ITIONAL REMARKS | | | | | | | |
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| | | | Please use the reverse | e for any added comments | | | | | |
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| APPLICANT'S CER | TIFICATION: | PLEASE READ CAREFULLY | BEFORE SIG | NING | | | | | |
| | | and the statements made by me in this application may result in my dischar | | complete. I understand | | | | | |
| | | y for employment, to contact all school offic | | v previous supervisors | | | | | |
| to secure information concerning my skill, c | haracter, and ability. | | | | | | | | |
| | | e of the company has any authority to enter in employee and the company may terminate m | | | | | | | |
| reason without prior notice. | , i will be all at-will (| employee and the company may terminate m | y employment at any | unic and for any of file | | | | | |
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| A salter attack | | _ | N.4 C P C | | | | | | |
| Applicant's signature: | | I | Date of application | | | | | | |

| For CSAH use only: |
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| File |
| Contact |
| App |
| Interview |
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