

**APPLICATION FOR EMPLOYMENT
ANIMAL HOSPITAL OF LAKE VILLA
101 S. MILWAUKEE AVE.
LAKE VILLA, IL 60046-8593**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Telephone ()
	City, State, Zip			Social Security #
	Have you ever been employed with us? When?			Will you work overtime if asked? Yes _____ No
	Position Desired	Pay expected	Are you available for full-time work?	When will you be available to begin work?
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No			
	How Did You Learn About US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
	Describe any specialized training, apprenticeship, skills and experience you have that relate to the position applied for. _____ _____ _____			

EDUCATION (Circle last grade completed)

GRAMMAR	1	2	3	4	5	6	7	8	
HIGH SCHOOL	1	2	3	4	School _____	Location _____			
COLLEGE	1	2	3	4	School _____	Location _____			
Course of Study _____									

FOR PERSONNEL DEPARTMENT USE ONLY NOTES _____ _____ _____ _____
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EMPLOYMENT Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If no past employment please give 2 personal references.

1	Company Name and Address	Telephone ()	
	Supervisor:	Employed - (State month From ___ To	Pay
	State Job Title and Describe Your Work _____ _____	Reason for Leaving _____ _____	

2	Company Name and Address	Telephone ()	
	Supervisor:	Employed - (State month From ___ To	Pay
	State Job Title and Describe Your Work _____ _____	Reason for Leaving _____ _____	

3	Company Name and Address	Telephone ()	
	Supervisor:	Employed - (State month From ___ To	Pay
	State Job Title and Describe Your Work _____ _____	Reason for Leaving _____ _____	

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date