

Countryside Veterinary Clinic, Ltd.
 601 Center Parkway
 Yorkville, IL 60560
 (630) 553-7436

Employment Application

Position for which you are applying _____ Date _____

Seeking full or part time employment? _____ Available Start Date _____

Personal Information

Name: Last _____ First _____ Middle _____

Home Address _____ City _____ Zip Code _____

Social Security Number _____ Phone Number(_____) _____ - _____

Referred to this position by _____

Are you 18 years old or older? _____

Education

Name	City	Major	Dates Attended	Graduated?
High School			X	
College				
Vocational				
Other				

Employment Experience

(Please list the three most recent jobs held, starting with the current or most recent)

Employer's name and address	
Your position or duties	
Dates Employed	From _____ To _____
Wages	
Supervisor's name and position	
Reason for Leaving	

Employer's name and address	
Your position or duties	
Dates Employed	From _____ To _____
Wages	
Supervisor's name and position	
Reason for Leaving	

Employer's name and address	
Your position or duties	
Dates Employed	From _____ To _____
Wages	
Supervisor's name and position	
Reason for Leaving	

References

Please list personal and business references that we may contact. Please note their current occupation and your relationship with that person (i.e.-friend, relative, co-worker, supervisor, etc.)

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

Please tell us why you are interested in employment with our clinic and list any special qualifications you possess.

Discrimination because of age, sex, race, color, religious creed, national origin, ancestry, physical or mental handicap, or military status is prohibited by Federal and State law. Please exclude any information that indicates the above characteristics. If you are hired, you will be required to provide verification of any information reported on this application.

Equal Opportunity Employer

If you have a handicap and would like to be considered under our affirmative action program, please inform us. Relevant information provided will not subject you to discriminatory treatment.

Read Before Signing

I authorize Countryside Veterinary Clinic to obtain information about me from my previous employers and schools. I authorize my previous employers and schools, which I have attended, to disclose to Countryside Veterinary Clinic such information about me as Countryside Veterinary Clinic may request.

I hereby certify that all information contained on this application is true and complete. I authorize Countryside Veterinary Clinic to contact all sources necessary to verify this information. I understand that, if I am hired any false or incomplete statements in this application will be sufficient grounds for immediate discharge.

Signature _____ **Date** _____