



EMPLOYMENT APPLICATION
 Clarendon Hills, IL · (630) 323.5500
 Western Springs, IL · (708) 246.6462

PERSONAL INFORMATION (Please Print)

Name: _____ Telephone No. (_____) _____
 Last First Middle

Address: _____

Email: _____

Are you legally authorized to work in the US? Yes No Are you at least 18 years of age? Yes No If no, age _____

APPLYING FOR

What position are you applying for? Client Care Representative CVT Veterinary Assistant Kennel Assistant

What location are you applying for? Clarendon Hills Western Springs No preference in location

How did you hear about the position? I am a client Referred by _____ Walk in Online

How many hours are you available to work each week? _____ When can you start? _____

Hours Available	Mon	Tue	Wed	Thu	Fri	Sat
From						
To						

QUALIFICATIONS

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

FORMER EMPLOYERS – List your last three employers

From - To (mo./yr)	Employer Name, City, State	Telephone	Position	Reason for Leaving

EDUCATION – List name and location of school, years completed, degree received

College/University	
High School	
Other	

SPECIAL SKILLS OR TRAINING - Describe

Village Veterinary Practice does not discriminate in hiring on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, veteran status, or status in any other group protected by federal, state or local law.

I certify that the answers provided above are true and correct and without material omissions. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, and Village Veterinary Practice from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be cause for immediate termination. I also understand that if employed, I can be terminated at any time with or without cause. I further agree to abide by all the rules, regulations and policies of Village Veterinary Practice.

Applicant Signature _____ Date _____/_____/_____