



ALL PETS HOSPITAL, LTD
200 READ STREET
LOCKPORT, IL 60441
(815) 838-0505

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City	State	Zip	E-Mail Address	
Position applied for		Salary Expectations		
Type of employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			

What schedule are you available to work? (indicate hours)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you presently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your intent to continue your current job if you work here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If a student, what impact does this have on your availability to work?				
Are there any commitments, activities, etc. that could affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							

PERSONAL

Drivers License Number	Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been known by a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
Have you ever been convicted of a crime of violation other than minor traffic violations in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions, stating the date, nature of offense and where they occurred Note: A conviction does not automatically disqualify you from employment		
Are you legally able to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document number (if applicable)
Can you perform the essential functions for the job in which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently taking any kind of medication that would affect your ability to perform this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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EDUCATION

Name of High School	High School City and State	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last College Attended	Major Course of Study	Degrees (if applicable)
Do you have any other kind of training? (include seminars, workshops) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
Do you currently hold any professional licenses and/or certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:		

EMPLOYMENT HISTORY

PRESENT OR PAST EMPLOYER

Name of Company/Employer	Address		Phone Number
Starting Date	Ending Date (If applicable)	Last Salary	Supervisor Name
Why did you leave? <i>Be specific</i>			
<input type="checkbox"/> Not applicable, present employer			
What did/do you like most about the job? <i>Be Specific</i>			
What did/do you like least about the job? <i>Be specific</i>			

PAST EMPLOYER

Name of Company/Employer	Address		Phone Number
Starting Date	Ending Date	Last Salary	Supervisor Name
Why did you leave? <i>Be specific</i>			
What did/do you like most about the job? <i>Be Specific</i>			
What did/do you like least about the job? <i>Be specific</i>			

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REFERENCES

Provide the names of 2 persons, not relatives or former employees, who have known you for 5 years or more.

REFERENCE 1

Name	Address	Phone Number
Number of years known	Relationship	

REFERENCE 2

Name	Address	Phone Number
Number of years known	Relationship	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date