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
Home Phone	Cell Phone		
Position applied for	Salary Expectations		
Type of employment ☐ Full Time ☐ Part Time ☐ Temporary			

What schedule are you available to work? (indicate hours)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you presently employed? ☐ Yes ☐ No	Is your intent to continue your current job if you work here? ☐ Yes ☐ No
Are you currently a student? ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, explain:	

PERSONAL

Drivers License Number	Are you at least 18 years of age? ☐ Yes ☐ No
Have you ever been known by a different name? ☐ Yes ☐ No If yes, explain	
Have you ever been convicted of a crime of violation other than minor traffic violations in the last 7 years? ☐ Yes ☐ 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? ☐ Yes ☐ No	Document number (if applicable)
Can you perform the essential functions for the job in which you have applied? ☐ Yes ☐ No	
Are you currently taking any kind of medication that would affect your ability to perform this job? ☐ Yes ☐ No	

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EDUCATION

Name of High School	High School City and State	Graduated? ☐ Yes ☐ No
Last College Attended	Major Course of Study	Degrees (if applicable)
Do you have any other kind of training? (include seminars, workshops) ☐ Yes ☐ No If yes, describe:		
Do you currently hold any professional licenses and/or certificates? ☐ Yes ☐ 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? *Be specific* ☐ Not applicable, present employer			
What did/do you like most about the job? *Be Specific*			
What did/do you like least about the job? *Be specific*			

PAST EMPLOYER

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

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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