



# Eola Point Animal Hospital, LTD.

1242B North Eola Road, Aurora IL 60502  
Phone: (630) 236-8730 Fax: (630) 236-8732  
Employment Application

Full Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Position applying for: Veterinary Assistant

Hours you are looking for:  Part Time only  Full Time only  Part or Full time, as needed

If applying for part time only, how many hours do you want to work? \_\_\_\_\_ to \_\_\_\_\_ hours per week

Hours you are routinely available to work:  any hours I am needed  Limited Hours (*please describe limitaitons*) \_\_\_\_\_

What rate of pay do you expect? \_\_\_\_\_

Why do you want to work at Eola Point Animal Hospital? \_\_\_\_\_

What are your career goals for the next 2 years? \_\_\_\_\_

What are your career goals for the next 5 years? \_\_\_\_\_

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.  Yes  No

Would you agree to and pass periodic routine drug tests?  Yes  No

Have you ever been terminated from a job because of stealing or other criminal conduct?  Yes  No

Please list all the pets you own: (*include names, species & age*) \_\_\_\_\_

Who is your current veterinarian? \_\_\_\_\_ City, State: \_\_\_\_\_

Are all your pets up to date with all their routine recommended veterinary care?  Yes  No

Most recent school you attended? \_\_\_\_\_ Address: \_\_\_\_\_

Degree or grade level attained: \_\_\_\_\_ GPA? \_\_\_\_\_ Awards? \_\_\_\_\_

Do you have any certifications, degrees, awards or special skills we should know about? \_\_\_\_\_

**Current or Most Recent Employer:** \_\_\_\_\_ From: \_\_\_ / \_\_\_ (mm/yy) To: \_\_\_ / \_\_\_ (mm/yy)

Address & phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left (or are leaving) the position \_\_\_\_\_

**Previous Employer #1:** \_\_\_\_\_ From: \_\_\_ / \_\_\_ (mm/yy) To: \_\_\_ / \_\_\_ (mm/yy)

Address & phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left the position \_\_\_\_\_

**Previous Employer #2:** \_\_\_\_\_ From: \_\_\_ / \_\_\_ (mm/yy) To: \_\_\_ / \_\_\_ (mm/yy)

Address & phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason you left the position \_\_\_\_\_

Please describe any other relevant experience (*volunteer, animal related hobby, etc.*): \_\_\_\_\_

Do you know any current or former Eola Point Animal Hospital employees (*please list*)? \_\_\_\_\_

**Reference #1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

**Reference #2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

**Reference #3** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize Eola Point Animal Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize Eola Point Animal Hospital to run a criminal history background check as a condition of employment.
- I release Eola Point Animal Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

**Applicant Signature:** \_\_\_\_\_

Office Use Only	Date Issued:	Issued By:	Date Received:	Received By:
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