Fox Valley Animal Hospital
Crystal Lake, IL

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Position applied for:
- ❑ Reception/Front desk
- ❑ Veterinary Technician (Degree/License/Experience)
- ❑ Veterinary Assistant/Animal Care/Facilities maintenance

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma:: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reference _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____

Responsibilities: _____

From: _____ To: _____ Reference _____

Skills and Qualifications:	(Experience working or volunteering at animal shelters, rescues, pet sitting, etc.)
Professional Licenses or Certification:	

Disclaimer and Signature

Fox Valley Animal Hospital is an equal opportunity employer. Fox Valley Animal Hospital does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of Fox Valley Animal Hospital. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. If I am hired, I understand that either Fox Valley Animal Hospital or I can terminate my employment at any time and for any reason, with or without cause.

I attest with my signature below that I have given Fox Valley Animal Hospital, true and complete information on this application and that no requested information has been concealed. I authorize Fox Valley Animal Hospital to give any or all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I certify that my answers are true and complete to the best of my knowledge. I authorize Fox Valley Animal Hospital to contact references provided for the employment reference checks. If any information I provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ *Date* _____