

# Danada Veterinary Hospital, P.C.

10 West Loop Road Wheaton, IL 60189

630-665-6161 www.danadavet.com

Office Hours: Monday – Friday 7am – 7pm, Saturday 7am – Noon

## Application for Employment

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. Danada Veterinary Hospital is an equal opportunity employer.*

Position applied for: \_\_\_\_\_ Rate of pay desired: \$\_\_\_\_\_/hr.

Full-time: Y N Part-time: Y N Are you available to work Sundays or holidays? Y N

Hrs of availability: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State/Zip Home Phone

How long at current address? \_\_\_\_\_ Email address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Phone

Previous address if current address < 2 years: \_\_\_\_\_

Preferred method of contact? Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Are you over 16 years of age? Y N (If not, employment is subject to verification of minimum legal age.)

Are you legally eligible for employment in the U.S.? Y N

Are you employed currently? Y N If yes, present employer: \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

Why do you want to work for us? \_\_\_\_\_

What are your hobbies or other interests? \_\_\_\_\_

*Employment with Danada Veterinary Hospital may involve working with various types of companion animals (dogs, cats, birds, reptiles, small mammals, etc), lifting objects weighing up to 45#, working with computers, handling medications and biologicals, working with a team, and communicating with the public. Danada Veterinary Hospital is a smoke, drug and alcohol free workplace.*

Are there any reasons, physical, personal, medical or otherwise, for which you might not be able to perform the assigned job duties? Y N If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Graduate: Y N  
 College: \_\_\_\_\_ Number of years completed: \_\_\_\_\_ Graduate: Y N  
 Course of study: \_\_\_\_\_ Degree: \_\_\_\_\_ Expected graduation: \_\_\_\_\_  
 Post-graduate: \_\_\_\_\_ Number of years completed: \_\_\_\_\_ Graduate: Y N  
 Course of study: \_\_\_\_\_ Degree: \_\_\_\_\_ Expected graduation: \_\_\_\_\_  
 Other: \_\_\_\_\_ Graduate: Y N Course of study: \_\_\_\_\_

**Employment History:** (Start with most recent employer.)

Company Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
 City/State: \_\_\_\_\_ Job title/duties: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
 City/State: \_\_\_\_\_ Job title/duties: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
 City/State: \_\_\_\_\_ Job title/duties: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact:

Employer(s): \_\_\_\_\_ Reason: \_\_\_\_\_

**Military:** (Complete if you served in the Armed Forces)

Branch of service: \_\_\_\_\_ Period of active duty: \_\_\_\_\_ to \_\_\_\_\_  
 Rank at discharge: \_\_\_\_\_ Date of final discharge: \_\_\_\_\_  
 Special duties or training: \_\_\_\_\_

**Personal References:** (Please list the names of three persons not related to you, whom you have known at least one year. By listing this reference, you give us permission to contact them.)

Name: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Business: \_\_\_\_\_

Phone No: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Business: \_\_\_\_\_

Phone No: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Business: \_\_\_\_\_

Phone No: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

**The information provided in this Application for Employment is true, correct and complete. I understand that if employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide, at your expense, to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.**

**I understand that acceptance of the rules and regulations set forth in the Danada Veterinary Hospital Policy Manual is a condition of employment. If I decline to accept the Policy Manual, then Danada Veterinary Hospital is under no obligation to proceed with my employment.**

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

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Office Use Only

Comments: \_\_\_\_\_  
\_\_\_\_\_

Offered employment: Y N Accepted: Y N Start date: \_\_\_\_\_ Starting wage \_\_\_\_\_

Interviewer: \_\_\_\_\_ Policy manual: \_\_\_\_\_ I-9 \_\_\_\_\_.