



# Darien Animal Clinic LLC

404 Plainfield Road  
 Darien, IL 60561  
 630-655-1888



Darien Animal Clinic is an equal employment opportunity employer. The company does not discriminate on the basis of race, color, creed, religion, ancestry, marital status, gender, gender identity, pregnancy, sex, sexual orientation, national origin, political affiliation, military status, age or mental/physical disability, or any other protected status in accordance with applicable federal, state and local laws.

## EMPLOYMENT APPLICATION

Date:			
Name:		Social Security No.	
Address:		Home Phone:	
City:	State:	Zip:	Cell Phone:
Positions Applying For		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
If your application is considered favorable, on what date are you able to work?			
What is your interest in this job?			
How are you qualified for this position?			

If hired, can you furnish proof you are eligible to work in the United States?     Yes     No

Have you ever been convicted of a felony?     Yes     No

If yes, please explain \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Begin with the most recent. Include all past employment and any volunteer experience that relates to the job.

<u>Dates Employed</u>	<u>Job Title, Duties Performed</u>	<u>Company Information</u>	<u>Reason for leave</u>
To (Month/Year)		Company Name	
From (Month/Year)		Address	
Salary		Supervisor Name	
		Phone Number	
<u>Dates Employed</u>	<u>Job Title, Duties Performed</u>	<u>Company Information</u>	<u>Reason for leave</u>
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Salary		Supervisor Name	
		Phone Number	

Are you currently employed?  Yes  No      May we contact your present employer?  Yes  No

What prompted you to seek employment at Darien Animal Clinic? \_\_\_\_\_

## EDUCATION

	<u>Name and Location</u>	<u>Years Completed</u>	<u>Graduation Date</u>
High School			
College			
Other			

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I certify that all the information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I hereby authorize Darien Animal Clinic to make any investigation of my personal history, financial and credit record through any investigative, credit agencies, or bureaus of our choice. I understand that this application or subsequent employment does not create a contact of employment nor guarantee employment for any definite period of time. If employed, I understand and agree that I have been hired at the will of the employer and my employment may be terminated at anytime for any reason by either party, with or without cause and with or without notice. I have read, understand, and by signature consent to these statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_