

Employment Application



New England Veterinary Group

Wignall Animal Hospital
1837 Bridge Street
Dracut, MA 01826
(978) 454-8272
www.wignall.com

Natick Animal Clinic
121 West Central Street
Natick, MA 03076
(508) 653-5020
www.natickanimal.com

Main Street Animal Hospital
159 Main Street
Salem, NH 03079
(603) 893-1646
www.mainstreetanimal.com

Weston Veterinary Clinic
152 Boston Post Road
Weston, MA 02493
(781) 899-5377
www.westonvetclinic.com

Have A Heart Animal Hospital
764 Broadway
Haverhill, MA 01832
(978) 373-4422
www.haveaheartanimal.com

Holden Veterinary Clinic
11 Industrial Avenue
Holden, MA 01520
(508) 8296368
www.holdenvet.com

Belvidere Veterinary Hospital
215 Mansur Street
Lowell, MA 01852
(978) 459-9051
www.belviderevet.com

Clark Veterinary Hospital
40 Webster Street
Nashua, NH 03064
(603) 882-2571
www.clarkvetnh.com

Hudson Animal Hospital
208 Central Street
Hudson, NH 03051
(603) 883-5481
www.hudsonanimal.com

McGrath Animal Hospital
31 Lexington Road
Billerica, MA 01821
(978) 667-2194
www.mcgrathanimalhospital.com

An Equal Opportunity Employer

Our network of veterinary practices offers equal employment opportunity to all applicants for employment and all employees regardless of sex, age, race, color, religion, national origin, ancestry, marital status, veteran status, sexual orientation, disability, genetic information, military status, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

Personal Information

Date _____

Name _____
Last First Initial

Current Address _____
Number Street Name City State/Zip

Telephone Number(s) _____

Are you legally authorized to work in the U.S.? Yes No

If you are hired, will you be able to submit documentation that allows our hospital to complete an I-9 Form within three days after you start employment? Yes No

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Personal Information (continued)

Position(s) applied for _____ Salary/rate of pay desired _____

Schedule preferred: ___ Full-time ___ Part-time Days and hours preferred _____

If you are made an offer of employment, when are you available to begin work? _____

How did you become aware of the position(s) for which you are applying? (Please give individual or source)

Please list any friends or relatives working at any of our hospitals.

Friend/Family Name: _____ Hospital Name: _____

Friend/Family Name: _____ Hospital Name: _____

Have you ever been employed by Wignall Animal Hospital, Natick Animal Clinic, Main Street Animal Hospital, Weston Veterinary Clinic, Have A Heart Animal Hospital, Holden Veterinary Clinic, Belvidere Veterinary Hospital, Clark Veterinary Hospital, Hudson Animal Hospital or McGrath Animal Hospital? ___ Yes ___ No
If yes, when? _____

Have you previously applied to any of our locations? ___ Yes ___ No If yes, when? _____

Work and Volunteer History (beginning with most recent)

From	To	Name and Address of Employer	Job Title & Duties
Mo./Yr.	Mo./Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Phone	
		Supervisor	Reason left
From	To	Name and Address of Employer	Job Title & Duties
Mo./Yr.	Mo./Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Phone	
		Supervisor	Reason left
From	To	Name and Address of Employer	Job Title & Duties
Mo./Yr.	Mo./Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Phone	
		Supervisor	Reason left

References (Not Relatives)

Name	Occupation	Address	Phone Number

Education • Training • Certification

Name of School & Address	Number of years	Course or Major	Diploma/Degree
Professional License/Certificate Number	Type	State Issued	Expiration Date

If you are licensed or certified, has your license or certification ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? _____Yes _____No
 If you answered "Yes" to the above, please give the date, location and disposition of the case: _____

Please list any professional organizations of which you are a member: _____

Do you believe that you would be able to perform the essential functions of the position(s) for which you are applying? Y N

Is there a reasonable accommodation which you believe would allow you to perform the essential functions of the position(s) for which you are applying? ____Y ____N If you answered "Yes" to the above, please explain. _____

Please use the space below to provide any additional information relation to your qualifications for the position that you seek.

CERTIFICATION (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify and affirm that the information provided in conjunction with the application process, including but not limited To the information provided on this application, and any resume I have submitted, is true, accurate and complete. I understand that any omission, misrepresentation, or falsification in conjunction with the application process may be grounds for denial of employment or, if I am hired, immediate termination of my employment.

I hereby authorize any veterinary practice noted on this application to investigate all information provided by me in conjunction with my application for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the veterinary practices listed on this application and I hereby agree to hold harmless any of the veterinary practices listed on this application and all those providing information to same from any liability arising out of or as a result of the provision or use of such information.

I understand that any job offer, or if I am hired, my continued employment, is contingent upon my being able, with or without reasonable accommodation, to successfully perform the essential functions of the position for which I am hired.

I further understand that any job offer I receive and my continued employment are contingent upon my being authorized to work in the United States. I acknowledge that if I am hired, I am obligated to provide documentation necessary for the veterinary practice to complete an I-9 Form within three days of my commencement of employment.

I understand that completion of this application does not assure me of a position with any of these veterinary practices and that neither this application nor any other document constitutes a contract of employment with these hospitals. Any employment relationship that may be established will be "at will," which means that either I or the veterinary practices may terminate the employment relationship at any time, for no reason or for any reason not prohibited by law, with or without notice. I understand that no representative of these veterinary practices has the authority to enter into any agreement for employment with me contrary to this statement.

Applicant's signature _____ Date _____