

WIGNALL ANIMAL HOSPITAL

Employment Application



An Equal Opportunity Employer

Wignall Animal Hospital does not discriminate on the basis of race, religion, national origin, color sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



Personal Information

Date _____

Social Security No. _____

Name

Last

First

Middle

Present Address _____ Telephone Number _____

No. Street City State/Zip

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time Part-Time Specify days/hours if Part-Time _____

Were you previously employed by Wignall Animal Hospital, Main Street Animal Hospital, Natick Animal Clinic, or Weston Veterinary Clinic? _____ If yes, when? _____

List any friends or relatives working here _____

Name

If you are hired, on what date will you be available for work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider.

Have you ever been convicted of a felony? Yes No Explain _____

Have you previously applied here? Yes No If yes, when _____

Have you ever worked under a different name? Yes No Give name _____

Do you have any physical conditions which would limit your performance of the job for which you are applying?

Yes No Please explain _____

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Work History (Beginning with most recent)

Name of Company	Business Address	City	State	Phone Number	
Type of Business	Immediate Supervisor	Dates Employed	From	To	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination		
Description of Duties					
Name of Company	Business Address	City	State	Phone Number	
Type of Business	Immediate Supervisor	Dates Employed	From	To	
Exact Job Title	Earnings at Hire	At Termination	Reason for Termination		
Description of Duties					
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Exact Job Title	Earnings at Hire	At Termination	Reason for Termination		
Description of Duties					



Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

Signature

Date