



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the bases of race, color, religion, national origin, sex, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For Chiropractic Assistant Today's Date _____

Are you seeking: Full-time Part-time Temporary

When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No (If you are hired you may be required to submit proof of age.)

Social Security Number _____

(If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

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

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of or pleaded guilty to any

law violation (except speeding or parking violations)? Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLES AND DUTIES
ADDRESS	DATE OF EMPLOYMENT:
CITY, STATE, ZIP CODE	FROM _____ TO _____
SUPERVISOR	PAY: START \$ _____ FINAL \$ _____
TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLES AND DUTIES
ADDRESS	DATE OF EMPLOYMENT:
CITY, STATE, ZIP CODE	FROM _____ TO _____
SUPERVISOR	PAY: START \$ _____ FINAL \$ _____
TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLES AND DUTIES
ADDRESS	DATE OF EMPLOYMENT:
CITY, STATE, ZIP CODE	FROM _____ TO _____
SUPERVISOR	PAY: START \$ _____ FINAL \$ _____
TELEPHONE	REASON FOR LEAVING

Can you refrain from smoking during office hours (including lunch)? Yes ____ No ____

Have you worked under any other name? Yes ____ No ____

If yes, give names: _____

Are you presently employed? Yes ____ No ____

If yes, may we contact your present employer? Yes ____ No ____

Have you ever been fired from a job or asked to resign? Yes ____ No ____

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment 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 authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of being hired or of my continued employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____

Date: _____