



EMPLOYMENT APPLICATION

APPLICANT NAME: _____ How did you hear about the position? _____

APPLICANT INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ Are you currently a practice member at Adjust Chiropractic? ☐ Yes ☐ No

EMPLOYMENT POSITIONS

Please describe the type of work you enjoy doing: _____

Which are you applying for? ☐ Temporary work (summer or holiday job)

☐ Regular part-time work (15-34 hours/week)

☐ Regular full-time work (35+ hours/week)

Which days/hours are you available for work? ☐ Monday: _____ ☐ Friday: _____

☐ Tuesday: _____ ☐ Saturday: _____

☐ Wednesday: _____ ☐ Sunday: _____

☐ Thursday: _____

If hired, on what date can you start working? _____ What is your desired salary or hourly rate? _____

Can you travel on weekends (up to 2 times per year, from Friday to Sunday)? ☐ Yes ☐ No

PERSONAL INFORMATION

Have you ever applied to work for Adjust Chiropractic before? ☐ Yes ☐ No

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Adjust Chiropractic? ☐ Yes ☐ No

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? ☐ Yes ☐ No

Are you over the age of 18? ☐ Yes ☐ No

If hired, would you be able to present evidence of your USA citizenship or proof of your legal right to work in the USA? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed: _____

Have you ever been charged or convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, please describe the state of nature of the crime(s), when and where convicted, and the disposition of the case:

EDUCATION, TRAINING, AND EXPERIENCE

HIGH SCHOOL: School name: _____ City: _____

Number of years completed: _____ Did you graduate? ☐ Yes ☐ No

COLLEGE/OTHER: School name: _____ City: _____

Number of years completed: _____ Did you graduate? ☐ Yes ☐ No

Degree or diploma earned: _____

ADDITIONAL INFORMATION

Do you speak, write, or understand any foreign languages? ☐ Yes ☐ No

If yes, describe the language(s) and level of fluency: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us (i.e. computer skills, people skills, counseling, etc.)? ☐ Yes ☐ No

If yes, please explain: _____

EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No

If so, may we contact your current employer? ☐ Yes ☐ No

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. You may use the backside of this form if needed. **If you have attached a resume, this section may be omitted.** ☐ See attached resume

Name of Employer: _____ Address: _____

Name of Supervisor: _____ City, State, Zip: _____

Phone Number: _____ Length of employment (include dates): _____

Business Type: _____ Position & Duties: _____

Reason for Leaving: _____ May we contact this employer for references? ☐ Yes ☐ No

Name of Employer: _____ Address: _____

Name of Supervisor: _____ City, State, Zip: _____

Phone Number: _____ Length of employment (include dates): _____

Business Type: _____ Position & Duties: _____

Reason for Leaving: _____ May we contact this employer for references? ☐ Yes ☐ No

REFERENCES

List below **three** persons who have knowledge of your work performance within the last **four** years.
Please include a minimum of **two** professional references.

First and Last Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

First and Last Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

First and Last Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

TELL US about YOU!

What are your 10-year goals?

What would be your ideal career?

What is your experience with chiropractic?

What are you truly passionate about?

Please rate each characteristic on a scale of 1-10, 10 being the most applicable to you:

_____ Quick learner	_____ Flexible	_____ Humble	_____ Office Skills	_____ Confident
_____ Dependable	_____ Multi-tasker	_____ Enthusiastic	_____ Detail-oriented	_____ Assertive
_____ Competitive	_____ Open-minded	_____ Optimistic	_____ Empathetic	_____ Creative

Please add the following cash:

- 7 – five-dollar bills
- 12 – ten-dollar bills
- 24 – twenty-dollar bills
- 4 – one hundred-dollar bills

TOTAL: \$ _____

Please add the following checks:

- 2673.00
- 739.00
- 1185.12
- 344.02

TOTAL: \$ _____

What is your total deposit cash and checks together? \$ _____

Please Read and Initial Each Paragraph, then Sign Below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for immediate expulsion from the company. _____

I permit the company to examine my reference, record of employment, education record, and any other information I have provided. I authorize the reference I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature

Date