

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED IN A CHIROPRACTIC OR PHYSICAL THERAPY OFFICE?

YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite



City State Zip Code
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____
ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____
ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____ RESPONSIBILITIES: _____
FROM: _____ TO: _____
REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____
E-MAIL: _____ PHONE: _____

OTHER

Do you have reliable transportation? YES NO
Do you have problems driving in the snow? YES NO Explain: _____



What position would you like to apply for in our office? _____

What about our office appeals to you? _____

What strengths do you feel you have that would be an asset to our office? _____

How long are you looking to work in our office?
3 months, 6 months, 1 year, 2 years, or longer term?

What would make you feel fulfilled in your job? What qualities of a job are you looking for that would make you want to be in a position longer term? _____

What amount of pay are you looking to obtain per hour? _____
What amount of pay are you looking for as you advance within our office? _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

TAKE A PICTURE OF THIS APPLICATION (ALL PAGES) AND SEND TO:
OHWCCHIROCENTER@GMAIL.COM

