

EMPLOYMENT APPLICATION

DATE _____

Name _____ Phone # _____

Address _____ City _____ Zip _____

Email Address: _____ Social Security #: _____

Emergency Contact _____ Phone # _____

EDUCATION: Graduated High School? Yes/No Year? _____
Name of School _____
Graduated College? Yes/No Year? _____ Degree? _____
If no, how many years completed? _____
Name of College _____

WORK HISTORY (Employers):

1. Employer _____ Pay Rate\$ _____
From: _____ To: _____ Position _____ Duties _____
Supervisor Name: _____
Reason for Leaving _____

2. Employer _____ Pay Rate\$ _____
From: _____ To: _____ Position _____ Duties _____
Supervisor Name: _____
Reason for Leaving _____

PERSONAL REFERENCES (Name and daytime phone number):

- 1. _____
- 2. _____

PLEASE ANSWER AS COMPLETE AND SUCCINCTLY AS POSSIBLE:

Can you type? Yes/No WPM _____

Are you computer literate? Yes/No

Please list software programs you are familiar with:

1. _____ 2. _____
3. _____ 4. _____

How are your telephone skills? _____

Would you be willing to work evenings? Yes/No Weekends? Yes/No

Do you have your own transportation? Yes/No How long is your drive? _____min

What would you expect to be paid? _____

When can you start? _____

What prompted you to apply here? _____

What does Chiropractic mean to you? _____

What would be your main contribution to this office? _____

