

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

I. PERSONAL INFORMATION DATE _____

NAME SS# _____

LAST FIRST MIDDLE

PRESENT ADDRESS HOW LONG? _____

STREET CITY STATE

PREVIOUS ADDRESS HOW LONG? _____

HOME PHONE # CELL PHONE # _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED HAVE YOU EVER BEEN

IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No CONVICTED OF A FELONY? Yes No

II. BECAUSE OF FEDERAL LAW, ANSWERS TO QUESTIONS IN SECTION II ARE VOLUNTARY AND NOT REQUIRED FOR EMPLOYMENT:

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX: M F

MARITAL STATUS (CIRCLE ONE): S M D W SEP #OF CHILDREN _____ AGE(S) _____

SPOUSE'S NAME _____ THEIR OCCUPATION _____

III. EMPLOYMENT DESIRED DATE YOU SALARY

POSITION CAN START? DESIRED?

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE

OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY: _____

IV. EDUCATION	NAME AND LOCATION OF SCHOOL	*# of yrs attended	*Did you Graduate?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

V. GENERAL

DO YOU HAVE ANY HOUR LIMITATIONS FOR WORKING? YES NO IF YES, WHAT? _____

DO YOU HAVE ANY HEALTH PROMBLEMS, WHICH MAY PREVENT YOU FROM DOING THE REQUIRED WORK? YES NO

IF YES, PLEASE LIST: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS. _____

U.S. MILITARY OR PRESENT MEMBERSHIP IN

NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

HAVE YOU HAD ANY PAST EXPERIENCE IN THE CHIROPRACTIC, MEDICAL, DENTAL OR OSTEOPATHIC FIELDS? YES NO

IF SO, PLEASE DESCRIBE: _____

CHECK SKILLS YOU HAVE AQUIRED: TYPING ACCOUNTING TELEPHONE COMMUNICATION CUSTOMER SERVICE

PHYSICAL THERAPY OTHER SPECIAL SKILLS(SPECIFY) _____

VI. FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST).

1. DATE MONTH/YR		NAME AND ADDRESS OF EMPLOYER	
FROM:			
TO:			
SALARY		POSITION	REASON FOR LEAVING
STARTING:			
ENDING:			
SUPERVISOR		SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S E-MAIL ADDRESS
WHAT DID YOU ENJOY MOST ABOUT THIS POSITION?			
WHAT DID YOU ENJOY LEAST?			

2. DATE MONTH/YR		NAME AND ADDRESS OF EMPLOYER	
FROM:			
TO:			
SALARY		POSITION	REASON FOR LEAVING
STARTING:			
ENDING:			
SUPERVISOR		SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S E-MAIL ADDRESS
WHAT DID YOU ENJOY MOST ABOUT THIS POSITION?			
WHAT DID YOU ENJOY LEAST?			

3. DATE MONTH/YR		NAME AND ADDRESS OF EMPLOYER	
FROM:			
TO:			
SALARY		POSITION	REASON FOR LEAVING
STARTING:			
ENDING:			
SUPERVISOR		SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S E-MAIL ADDRESS
WHAT DID YOU ENJOY MOST ABOUT THIS POSITION?			
WHAT DID YOU ENJOY LEAST?			

VII. CAREER AIMS/PERSONALITY ASSESSMENT

CAREER AIMS (WHAT QUALIFICATIONS, ABILITIES AND STRONG POINTS WILL HELP YOU TO SUCCEED IN THIS POSITION?)

LIST YOUR SIX BEST ASSESTS:

1.	4.
2.	5.
3.	6.

DO YOU FEEL YOU ARE AVERAGE? _____

DO YOU HAVE SELF CONFIDENCE? _____

HOW DO YOU SEE YOURSELF? _____

HOW DO YOU FEEL YOU WOULD BE SUITED FOR THIS POSITION? _____

VIII. REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME/JOB TITLE	ADDRESS	E-MAIL	CONTACT NUMBER	YEARS AQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE #

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED? YES NO POSITION: _____ SALARY/WAGE \$ _____

APPROVED: _____