



**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific) No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights and/or weekends? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School          |                |  |                           |                |
|                      |                |  |                           |                |
| College              |                |  |                           |                |
|                      |                |  |                           |                |
| Bus. or Trade School |                |  |                           |                |
|                      |                |  |                           |                |
| Professional School  |                |  |                           |                |
|                      |                |  |                           |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

OFFICE ONLY

|          |                              |                              |                              |            |                              |
|----------|------------------------------|------------------------------|------------------------------|------------|------------------------------|
| Typing   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> Yes | Word       | <input type="checkbox"/> Yes |
|          | <input type="checkbox"/> No  | _____ WPM                    | 10-key                       | Processing | <input type="checkbox"/> No  |
| Personal | <input type="checkbox"/> Yes | PC <input type="checkbox"/>  | Other                        |            | _____ WPM                    |
| Computer | <input type="checkbox"/> No  | Mac <input type="checkbox"/> | Skills                       |            |                              |

Please list two references other than relatives or previous employers.

|                     |                     |
|---------------------|---------------------|
| Name _____          | Name _____          |
| Position _____      | Position _____      |
| Company _____       | Company _____       |
| Address _____       | Address _____       |
| _____               | _____               |
| Telephone ( ) _____ | Telephone ( ) _____ |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for additional information.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your Last Job Title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

### APPLICATION FOR EMPLOYMENT

**Work experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

For any additional employers, please use reverse side to list.

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

---

**PLEASE READ CAREFULLY**

---

**Your Future**

What are your plans for the future? \_\_\_\_\_

What do you think you will be doing two years from now?

\_\_\_\_\_

Five years? \_\_\_\_\_

***Personal Questions***

Do you know anything about Chiropractic, acupuncture, massage?

\_\_\_\_\_

Are you able to attend out-of-town educational seminars? \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight \_\_\_\_\_                      Birth date \_\_\_\_\_

Married  Yes  No    If married, how long? \_\_\_\_\_     Single     Separated     Divorced     Widowed

Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

| NAME | RELATIONSHIP | BIRTH DATE | SSN |
|------|--------------|------------|-----|
|      |              |            |     |
|      |              |            |     |
|      |              |            |     |
|      |              |            |     |
|      |              |            |     |
|      |              |            |     |

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \_\_\_\_\_  Full-time  Part-time  Salaried

Applicant's signature acknowledging above information \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_

## Applicant Selection Criteria Record

|   |                               |                         |  |
|---|-------------------------------|-------------------------|--|
| <b>JOB TITLE</b>  |                               |                         |  |
| <b>CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)</b>                   |                               |                         |  |
| <b>NAME</b>   | <b>MALE/<br/>FEMALE</b>       | <b>ETHNIC<br/>CODE*</b> | <b>ON LAB<br/>SECTION/<br/>OFF<br/>LAB</b> |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
| <b>*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER</b> |                               |                         |  |
| <b>CANDIDATE SELECTED</b>   |                               |                         |  |
| <b>NAME</b>   | <b>MALE/<br/>FEMALE</b>       | <b>ETHNIC<br/>CODE</b>  | <b>SOURCE</b>                              |
|   |                               |                         |  |
| <b>SELECTION CRITERIA</b>   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
| <b>REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS</b>                        |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   |                               |                         |  |
|   | <b>ORIGINATOR'S SIGNATURE</b> | <b>DATE</b>             |  |