

ZIVKOVIC CHIROPRACTIC CENTER APPLICATION FOR EMPLOYMENT

We request an answer to every question,(except as noted as voluntary) even if this information is included in your resume.

Name _____ Phone Number _____ Date _____
Current address _____ How long? _____
Previous address _____ How long? _____
Email address _____

Because of federal law, answers to questions in this section are voluntary:

Date of birth _____ Place of birth _____
Marital status (circle one) S M D W Sep Spouse's name _____
Spouse's occupation _____ Number of children _____
Ages _____
Do you have any health limitations? _____ Condition of health _____

Do you have any hour limitations for working? _____ If so, what? _____

Whom should we notify in case of an accident? _____

Relationship _____ Phone number _____

Have you ever been arrested? _____ Have you ever been convicted of a felony or misdemeanor? _____

Have you ever had a DUI? _____ If yes, please explain _____

Have you ever been dismissed or asked to resign from a position? _____ If yes, please explain _____

If offered a position, when can you start? _____

Is there a minimum salary you require? _____ Do you need insurance benefits? _____

Are you available for overnight travel? _____ (We travel for trainings once or twice a year. We cover all expenses, just need to know you can get away) Are you able to start work at 8:30 am? _____

Are you able to work until 6:30 or 7 pm? _____ Are you able to work Saturday mornings? _____

Are you employed at the present time? _____ If yes, complete the information below:

Employer's name or Company Name _____

Employer's Adress _____

How long have you worked there? _____ Present salary (Opt) _____ -

Why are you looking for other employment? _____

What do you enjoy most about this job? _____

What do you enjoy least? _____

May we contact your current employer? If so, phone #: _____

Past employment, please start with most recent:

A. Employer's Name _____ City and State _____

From _____ to _____ Salary (opt) _____ Phone # _____

Job Responsibilities _____

Reason for leaving _____

What did you enjoy most about this job? _____

What did you enjoy least? _____

Supervisor? _____ Can we contact supervisor for a reference? _____

B. Employer's Name _____ City and State _____

From _____ to _____ Salary(opt) _____ Phone # _____

Job Responsibilities _____

Reason for leaving _____

What did you enjoy most about this job? _____

What did you enjoy least? _____

Supervisor? _____ Can we contact supervisor for a reference? _____

C. Employer's Name _____ City and State _____

From _____ to _____ Salary _____ (opt) Phone # _____

Job Responsibilities _____

Reason for leaving _____

What did you enjoy most about this job? _____

What did you enjoy least? _____

Supervisor? _____ Can we contact supervisor for a reference? _____

List References (At least 3):

Name _____

City _____

Phone Number _____

Relationship _____

Name _____

City _____

Phone Number _____

Relationship _____

Name _____

City _____

Phone Number _____

Relationship _____

Name _____

City _____

Phone Number _____

Relationship _____

Education/Skills

Highest level of education attained _____

Any other certifications or degrees? _____

How do you think you could be an asset to our practice?

Comments _____
