

# OLIVE ME CHIROPRACTIC

## Employment Application

Employment is equally available to everyone. Please inform us if you require reasonable accommodation for the application or interview.	Date of Application:
<b>APPLICANT DATA</b>	
How were you referred to us?	Position Applied for:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for this company? ☐ Yes ☐ No \_\_\_\_\_

Are you legally allowed to work in the United States? ☐ Yes ☐ No \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time If part-time, how many days per week? \_\_\_\_\_

Can you wait until your shift ends to take a cigarette break? ☐ Does not apply ☐ Yes ☐ No \_\_\_\_\_

Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ Yes ☐ No If yes, give dates and details: \_\_\_\_\_

\_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied will be considered.

### EDUCATION HISTORY:

Name and Location of High School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Name and Location of College: \_\_\_\_\_ Years attended: \_\_\_\_\_

Hours of training (if applicable): \_\_\_\_\_ Degree(s) completed: \_\_\_\_\_

### SUMMARIZE YOUR SPECIAL SKILLS or QUALIFICATONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT (begin with the most recent position)**

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Weekly Schedule (Days/Hours worked): \_\_\_\_\_  
\_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_May we contact this employer for a reference? ☐ Yes ☐ No If no, please give reason: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Weekly Schedule (Days/Hours worked): \_\_\_\_\_  
\_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_May we contact this employer for a reference? ☐ Yes ☐ No If no, please give reason: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Weekly Schedule (Days/Hours worked): \_\_\_\_\_  
\_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_May we contact this employer for a reference? ☐ Yes ☐ No If no, please give reason: \_\_\_\_\_  
\_\_\_\_\_

"I certify the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_