

### APPLICATION FOR EMPLOYMENT

Please complete this form by typing or printing in ink.

#### GENERAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Application</b>
<b>Home Phone ( )</b>	<b>Cell Phone ( )</b>	<b>E-mail Address</b>	
<b>Current Address (Street number and name)</b>		<b>Apt. #</b>	<b>City, State, Zip Code</b>
<b>Are you legally entitled to work in the United States?</b> <input type="checkbox"/>		<b>Are you 18 or older?</b> <input type="checkbox"/> Yes	
<b>Have you ever been convicted of a law violation (other than minor traffic violations)?</b> A “yes” response does not disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered. <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
<b>Are you currently employed or engaged in any other business?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, please			
<b>Have you ever applied here before?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
<b>Were you ever employed here before?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			

#### POSITION INFORMATION

<b>Position Applied For:</b> For which position do you wish to apply?	<b>Desired Salary</b>
<b>Employment Type Desired:</b> Mark all that apply. <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>Shift Desired:</b> Mark all that apply. <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends Only
<b>Reasonable Accommodation:</b> Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date Available:</b> When are you available to begin work?	

**EDUCATION AND TRAINING**

Type of School	Name and Location (City,	Years Attend		Graduated		Degree/Majo
		To	From	Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Graduate School				<input type="checkbox"/>	<input type="checkbox"/>	
Nursing School				<input type="checkbox"/>	<input type="checkbox"/>	
Vocational				<input type="checkbox"/>	<input type="checkbox"/>	
Technical				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Skills and Training:</b> What skills or additional training do you have that are related to the job for which you are applying?						
<b>Equipment:</b> Please list any machines or equipment you can operate that are related to the job for which you are applying?						
<b>Foreign Language:</b> List any languages other than English in which you are fluent, and select whether written or spoken fluency.						
<b>Language</b>				<b>Written</b>	<b>Spoken</b>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Occupational Licenses/Certifications:</b> Please list any licenses or certifications you have earned.						
<b>Type</b>	<b>Number</b>	<b>Where Issued</b>		<b>Expiration</b>		

**WORK EXPERIENCE** (List the most recent first, including any military experience.)

Employer Name		Employer Phone ( )		From (Month/Year)
Employer Address (Street number and name)	City	State	Zip Code	To (Month/Year)

<b>Job Title</b>		<b>Reason for Leaving:</b> Explain why you left this job.			
<b>Direct Supervisor</b>			<b>Supervisor Title</b>		
<b>Starting Rate of Pay</b>	<b>Final Rate of Pay</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Responsibilities and Duties:</b> Please briefly describe your specific responsibilities and duties.					
<b>Employer Name</b>			<b>Employer Phone ( )</b>		<b>From (Month/Year)</b>
<b>Employer Address (Street number and name)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>To (Month/Year)</b>
<b>Job Title</b>		<b>Reason for Leaving:</b> Explain why you left this job.			
<b>Direct Supervisor</b>			<b>Supervisor Title</b>		
<b>Starting Rate of Pay</b>	<b>Final Rate of Pay</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Responsibilities and Duties:</b> Please briefly describe your specific responsibilities and duties.					

Ortman Chiropractic Clinic is an equal opportunity employer.