**APPLICATION FOR EMPLOYMENT**

Please complete this form by typing or printing in ink.

**GENERAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | | **Middle Initial** | **Date of Application** |
| **Home Phone:** | **Cell Phone:** | | **E-mail Address** | |
| **Current Address** (Street number and name) | | **Apt. #** | **City, State, Zip Code** | |
| **Are you legally entitled to work in the United States?** ☐ Yes ☐ No | | | **Are you 18 or older?** ☐ Yes ☐ No | |
| **Have you ever been convicted of a law violation (other than minor traffic violations)?** 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.  ☐ No ☐ Yes, please explain: | | | | |
| **Are you currently employed or engaged in any other business?** ☐ No ☐ Yes, please explain: | | | | |
| **Have you ever applied here before?** ☐ No ☐ Yes, please explain: | | | | |
| **Were you ever employed here before?** ☐ No ☐ Yes, please explain: | | | | |

**POSITION INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Position Applied For:** For which position do you wish to apply? | | **Desired Salary** |
| **Employment Type Desired:** Mark all that apply.  ☐ Full time  ☐ Part time  ☐ Temporary  ☐ On-call | **Shift Desired:** Mark all that apply.  ☐ Days  ☐ Evenings  ☐ Nights  ☐ Weekends Only  ☐ Alternating Weekends | |
| **Reasonable Accommodation:** Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No | | |
| **Date Available:** When are you available to begin work? | | |

**EDUCATION AND TRAINING**

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

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

Ortman Chiropractic Clinic is an equal opportunity employer.