**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.