



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PLEASE FILL OUT COMPLETELY, EVEN IF RESUME IS SUBMITTED.
DO NOT WRITE "SEE RESUME". PLEASE USE BLACK OR BLUE INK ONLY.

PERSONAL INFORMATION

NAME: LAST		FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
PRESENT PHYSICAL ADDRESS			CITY	STATE	ZIP
PRESENT MAILING ADDRESS (leave BLANK if same as above)			CITY	STATE	ZIP
HOME PHONE <input type="checkbox"/> PREFERRED	WIRELESS PHONE <input type="checkbox"/> PREFERRED		REFERRED BY		
() -	() -				

EMPLOYMENT DESIRED

POSITION		DATE AVAILABLE TO START		DESIRED SALARY							
WORK AVAILABILITY	BEGIN:	M	Tu	W	Th	F	Sa	Su	ARE YOU WILLING TO WORK SATURDAYS?	YES	NO
END:											
ARE YOU CURRENTLY EMPLOYED?			YES	NO	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?			YES	NO		
THIS BOX IS INTENTIONALLY LEFT BLANK											

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY?		YES	NO	IF HIRED, ARE YOU ABLE TO PROVIDE PROOF OF ELIGIBILITY?		YES	NO	ARE YOU AT LEAST 18 YEARS OF AGE?		YES	NO
HAVE YOU WORKED FOR WITH THIS COMPANY BEFORE?		YES	NO	IF NO, HAVE YOU APPLIED FOR EMPLOYMENT WITH THIS COMPANY BEFORE?		YES	NO	DO YOU HAVE RELIABLE TRANSPORTATION TO / FROM WORK?		YES	NO

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	AREA OF DEGREE / DIPLOMA
HIGH SCHOOL				
COLLEGE				
VOCATIONAL SCHOOL				

MILITARY

BRANCH OF SERVICE		ACTIVE DUTY (MM/YY)	
		FROM	TO
DUTIES AND SPECIAL TRAINING		RANK AT DISCHARGE	
		DATE OF FINAL DISCHARGE (MM/DD/YY)	

EXPERIENCE

1	COMPANY NAME			TELEPHONE		
				() -		
	STREET ADDRESS			EMPLOYED (MM/YY)		
				FROM TO		
	CITY	STATE	ZIP	SALARY		
JOB TITLE		DUTIES		NAME OF SUPERVISOR		
REASON FOR LEAVING		MAY WE CONTACT?		YES	NO	IF NO, WHY?

2	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	LAST
	REASON FOR LEAVING		MAY WE CONTACT?		YES	NO
				IF NO, WHY?		
3	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	LAST
	REASON FOR LEAVING		MAY WE CONTACT?		YES	NO
				IF NO, WHY?		
4	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	LAST
	REASON FOR LEAVING		MAY WE CONTACT?		YES	NO
				IF NO, WHY?		

REFERENCES: List three individuals not related to nor residing with you, whom you have known for at least one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this Application for Employment may result in termination of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby authorize you, the Employer, to engage an investigative reporting agency to report on my credit and/or personal history, if you so chose. If a report is obtained by you from such an agency, you must provide, at my request, the name and contact information of the agency so I may obtain from them the nature and substance of information contained within the report.

SIGNATURE _____ DATE (MM/DD/YYYY) _____

Please complete and return, in-person, to
CHIROPRACTIC SPECIALISTS
of Watertown
 203 LEWIS AVENUE SOUTH
 WATERTOWN, MN 55388
 (952) 955-2070

OFFICE USE ONLY	
Date Received:	Received By: