

*APPLICATION FOR EMPLOYMENT*

**PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.**

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY	STATE	ZIP	TEL. NO. (    )	
	Address	City	State, Zip	HOW LONG
LIST PRIOR ADDRESSES OVER PAST FIVE YEARS WITH PRESENT LISTED FIRST	1			
	2			
	3			
	4			

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?	YES	NO	IF NO, EXPLAIN
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HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES	NO	IF YES, EXPLAIN
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EDUCATION									
*TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	MAJOR SUBJECTS STUDIED	CIRCLE HIGHEST LEVEL FINISHED	NO. OF CREDIT HRS COMPLETED		GRADUATE ? YES/NO	DEGREE RECEIVED (TYPE)	CLASS STANDING (Circle One)
HIGH SCHOOL				1 2 3 4	QTR HRS	SEM HRS			Top 10% Top 25% Top 50% Bottom 50%
COLLEGE		FROM  TO		1 2 3 4					Top 10% Top 25% Top 50% Bottom 50%
COLLEGE		FROM  TO		1 2 3 4					Top 10% Top 25% Top 50% Bottom 50%
COLLEGE		FROM  TO		1 2 3 4					Top 10% Top 25% Top 50% Bottom 50%
OTHER		FROM  TO							Top 10% Top 25% Top 50% Bottom 50%

\*(INDICATE IF ATTENDANCE FULL OR PART TIME. WERE CLASSES DAY, EVENING OR CORRESPONDENCE?)

HOW WERE COLLEGE TUITION AND LIVING EXPENSES FINANCED?	
ADDITIONAL COURSES OR GRADUATE STUDIES	
EXTRACURRICULAR ACTIVITIES AND HONORS (DO NOT INCLUDE RACIAL, RELIGIOUS, OR NATIONALITY GROUPS)	
IN HIGH SCHOOL	IN COLLEGE
OFFICES HELD	OFFICES HELD

**WORK EXPERIENCE**  
(START WITH PRESENT POSITION AND WORK BACK)

FIRM NAME		TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE ( )
IMMEDIATE SUPERVISOR			TITLE	PHONE ( )
STARTING DATE FINAL/PRESENT	SALARY MONTHLY    ANNUAL		POSITION TITLE	DEPARTMENT
EXPLAIN IN DETAIL PRESENT DUTIES				
WHAT DO YOU MOST ENJOY?			WHAT DO YOU LEAST ENJOY?	
IF LEAVING PRESENT JOB, EXPLAIN				

EMPLOYER #2				
FIRM NAME		TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE ( )
IMMEDIATE SUPERVISOR			TITLE	PHONE ( )
STARTING DATE FINAL/PRESENT	SALARY MONTHLY    ANNUAL		POSITION TITLE	DEPARTMENT
EXPLAIN IN DETAIL PRESENT DUTIES				
WHAT DID YOU MOST ENJOY?			WHAT DID YOU LEAST ENJOY?	
IF LEAVING PRESENT JOB, EXPLAIN				

EMPLOYER #3				
FIRM NAME		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP
				PHONE ( )
IMMEDIATE SUPERVISOR			TITLE	PHONE ( )
STARTING DATE FINAL/PRESENT		SALARY MONTHLY    ANNUAL		POSITION TITLE
				DEPARTMENT
EXPLAIN IN DETAIL PRESENT DUTIES				
WHAT DID YOU MOST ENJOY? <span style="float: right;">WHAT DID YOU LEAST ENJOY?</span>				
IF LEAVING PRESENT JOB, EXPLAIN				
OTHER POSITIONS HELD (INCLUDE SUMMER WORK DURING SCHOOL)				
MAY WE CONTACT YOUR PRESENT EMPLOYER?			MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)?	
YES                      NO			YES                      NO	

When are you available to work?                      Mornings                      Evenings                      Both

How many days a week?    (Circle)                      M    T    W    TH    FR    SAT    SUN

How many hours per day would you like to work? \_\_\_\_\_ hours per day

How many hours per week would you like to work? \_\_\_\_\_ hours per week

Date able to begin working?

ACCOUNT FOR YOUR TIME DURING ANY INTERNALS OF UNEMPLOYMENT OTHER THAN THOSE WHEN YOU WERE ATTENDING SCHOOL OR IN SERVICE

DATES MO AND YR FROM TO	EXPLAIN
FROM TO	

CURRENT HOBBIES AND RECREATIONAL ACTIVITIES
IN WHAT ADDITIONAL ACTIVITIES WOULD YOU LIKE TO ENGAGE?

**U.S. MILITARY RECORD**

PRESENT SELECTIVE	PRESENT RESERVE STATUS		RESERVE BRANCH	PRESENT RANK
SERVICE STATUS	NONE	ACTIVE	INACTIVE	NATIONAL GUARD
DATE OF ACTIVE SERVICE-U.S ONLY	ACTIVE U.S. SERVICE BRANCH		HIGHEST RANK-GRADE HELD	
FROM	TO			
PRINCIPAL DUTIES				

DESCRIBE SPECIAL TRAINING YOU MAY HAVE RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR

**ADDITIONAL INFORMATION (OPTIONAL)**

WHAT ARE YOUR PLANS FOR THE FUTURE?
AGE
MARRIED                      SINGLE                      SEPARATED/DIVORCED
CHILDREN LIVING AT HOME?   YES                      NO
AGES:
PRIMARY SOURCE OF INCOME:
SECONDARY SOURCE OF INCOME:

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR OFFICE?	
WHAT LIMITATIONS ARE THERE ON YOUR TRANSPORTATION?	WHAT IS YOUR APPROXIMATE SALARY REOUIREMENT PER MONTH? \$ _____

HAVE YOU EVER BEEN UNDER CHIROPRACTIC CARE?      NO                      YES  
 IF YES, FOR HOW LONG?

Skills Inventory  
 (please mark your experience or comfort level for each of the following)

	Highly skilled/comfortable	Moderately skilled/comfortable	Not Very skilled/comfortable
Ability to handle multiple phone lines			
Complex Appointment Scheduling			
Teaching/Educating wide variety of individuals			
Computer Skills			
Microsoft Word			
Microsoft Excel			
PageMaker, Publisher			
Handling angry or difficult clients			
Collecting past due accounts			
Interaction with Insurance companies (other than personal issues)			
Typing (include speed in WPM)			
Marketing			
Sales			
Working in a busy office with frequent interruptions			

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE
			( )
			( )
			( )
			( )

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Labrecque Family Chiropractic PC or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I realize that if I am hired, Labrecque Family Chiropractic PC reserves the right to terminate my employment whenever the need arises.

SIGNATURE

DATE