



Skocik Chiropractic

Employment Application

Date: _____

Position Applied for: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

Email: _____ Mobile: _____ Home: _____

Social Security Number: _____ Date of Birth: _____ Desired Hourly Wage: \$ _____

Are you legally authorized to work in the U.S.? (If hired, verification will be required by law)

Are you able to perform the “essential functions” of this job for which you are applying (with or without accommodations)? This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of disability, particular accommodations, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Need more information about the position’s “essential functions” to respond.

Have you ever been convicted of a felony? (You may omit information or answer “NO” with regards to any convictions for which there is a sealed record on file with the Commissioner of Probation.)

If yes, explain: _____

*A background check will be performed upon completion of the application.

Have you ever applied to this company before? If yes, when? _____

Hours Available	Mon	Tues	Wed	Thurs	Fri
From					
To					

Total hours available per week: _____

Date available to start work: _____

Are you currently employed: _____

EDUCATION

High School: _____ Did you graduate?

College: _____ From: _____ To: _____

Did you graduate? Degree: _____ Major: _____

Other: _____ From: _____ To: _____

Did you graduate? Degree: _____ Major: _____

EMPLOYMENT

Date, Month & Year	Name, Phone and Address of Employer	Salary	Position	Reason for Leaving
From:		\$		
To:		Per:		
From:		\$		
To:		Per:		
From:		\$		
To:		Per:		

Do we have permission to contact your current employer?

If NO, Please explain: _____

Gaps in Employment

Were there any gaps between any of the above jobs listed?

If yes, how long and why?

Length of Gaps	Between which employers	Reason

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone	Business & Title	Years Acquainted

In case of emergency notify: _____ Relationship: _____

Address: _____ Phone: _____

EMPLOYMENT TEST

Basic Math Test (Calculators are permitted)

\$40.00 **\$51.00** **\$76.00** **72 ÷ 12 =**
-39.95 x 5 +87.00

Numeric Order Test (Arrange the following numbers in numeric order. Using the letters beside the number, write the letter in the blank space.)

- a. 9582 _____
- b. 7321 _____
- c. 11215 _____
- d. 4315 _____
- e. 11251 _____

Alphabetical Filing Test (Arrange the following names in alphabetical order for filing. Using the number beside the name, write the number in the blank space.)

- 1. Dennis McLain _____
- 2. Roy V. Zelko _____
- 3. Mimi Xu _____
- 4. Van Huynh _____
- 5. Amy Evans _____
- 6. Bethany Zelko _____

Please read the sections below carefully before signing.

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?**

If yes, describe in full _____

*Answering yes will not necessarily bar you from employment. Applications are not required to disclose sealed or expunged conviction records or the existence of such records. A background check will be performed upon completion of the application.

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE?

1. I represent and acknowledge that I can read and write English.
2. I certify that I have read this application and certify that all answers given herein are true and complete to the best of my knowledge. I understand that any omissions or misrepresentation of information is grounds for dismissal.
3. I authorize the persons, employers, schools and organizations listed on this application to give you my information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damage that may result from furnishing this to you.
4. I acknowledge the Employer reserves the right to amend or modify any of its handbooks or policies at any time and with and without prior notice. These policies do not create any promises or contractual rights between employer and its employees. Employee's employment is at will. This means an employee is free to terminate his/her employment at any time, with or without any reason, with or without cause, and employer retains these same rights.
5. We are an equal opportunity affirmative action employer and do not discriminate because of race, creed, color, sex, sexual identity, religion, age, disability, sexual orientation, veteran status, national origin or other protected categories in accordance with all local, state and federal regulations. It is this Employer's policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

INTERVIEWER OR REFERENCE COMMENTS: _____

Interview:

1st Interviewer Name: _____ Date: _____ Time: _____ AM / PM
2nd Interviewer Name: _____ Date: _____ Time: _____ AM / PM