

Employment Application

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, sexual orientation, national origin, ancestry, age, disability or marital status. Chiro One Wellness Centers are an equal opportunity employer.

Personal Information:

Date: _____

Name: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Home: () _____ Business/Cell: () _____ E-Mail: _____

Are you authorized to work in the United States? Yes No

Will you allow Chiro One Wellness Centers LLC to perform a criminal and/or credit record background check on you before being hired? Yes No

Position applying for: _____ Date Available to start: _____

FT PT Temp Summer Days and hours available: _____

If you're under 18 years of age, please state your date of birth: _____

How were you referred to Chiro One Wellness Centers? Internet Website Walk-In Referred By: _____

Education:

High School Name: _____ Did You Graduate: _____ Years Completed: _____

College Name: _____ Did You Graduate: _____ Years Completed: _____

Graduate School: _____ Did You Graduate: _____ Years Completed: _____

Military: Which Branch did you serve? _____ Last Rank: _____ Honorably Discharged: Yes No

Legal:

Are you a U.S. citizen or do you have legal right with documents to work in the U.S.? Yes No

(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

(Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.)

Were you ever discharged by any company? Yes No If yes, please give reason for discharge: _____

Employment Information:

Since we will make every effort to contact previous employer, the direct telephone numbers are critical. Complete this section even if you have provided a resume.

Please give an accurate, complete full-time and part-time employment record. Start with your most recent employer.

May we contact your present employer? Yes No Past employers? Yes No

1) Company Name: _____ 2) Company Name: _____

Address: _____

Address: _____

Supervisor: _____

Supervisor: _____

State your Title and describe your work: _____

State your Title and describe your work: _____

Reason for leaving this employer: _____

Reason for leaving this employer: _____

Employed From: _____ To: _____

Employed From: _____ To: _____

Salary / Wage Start: _____ Final: _____

Salary / Wage Start: _____ Final: _____

Business Tel: () _____

Business Tel: () _____

Business References:

Name:	Address:	Work Phone:	Title:	Years Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education background, credit and/or criminal history, subject to applicable federal, state, and/or local laws. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Chiro One Wellness Centers LLC

I understand and agree that if employed, the employment will be "at will". That is either I or Chiro One Wellness Centers may end employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Chiro One Wellness Centers does not imply employment and that this application and/or any other Chiro One Wellness Centers documents are not contracts of employment.

Applicant's Signature: _____ Date Signed: _____