

HARBORVIEW CHIROPRACTIC
EMPLOYMENT APPLICATION

The job presently available in our office is Part-Time Chiropractic Assistant. We have listed the times for this position (meetings and trainings are not included but will be necessary upon request. Please fax back to 795-3451

Monday, 7:30-12pm & 2:30-6:30
Tuesday & Thursday 3:00-6:30
Wednesday & Friday 7:30-12:00

Beginning salary will be discussed individually, experience is a consideration.

To qualify for this position, you must be willing to take a series of skill tests and attend an interview.

Please complete the following questions. Some of these questions may seem personal, but will help us determine the qualifications we are looking for.

1. Do the hours for this position impose a hardship? _____
2. What is the approximate distance in miles from your home to the office? _____
3. If you are a smoker, can you refrain from smoking during hours? _____
4. Are you presently employed? _____ How soon can you start new position? _____

Please list, if any, your knowledge of Chiropractic. Also tell us how you can handle the stress of working in a busy office and handling multiple tasks at one time that require full attention.

APPLICATION FOR EMPLOYMENT

Name _____ Home Phone _____

Present address _____

Previous address _____

SSN _____

Because of Federal Law, answers to questions in this section are not required for employment.

Date of Birth _____ Place of Birth _____

Marital Status _____

Weight _____ Height _____ Race _____ Sex _____

Spouse's Name _____ Spouse's Occupation _____

Number of Children _____ Ages _____

MOST RECENT EMPLOYMENT

Name of employer and address _____

How long at this position? _____ Salary _____ Phone _____

Describe responsibilities _____

Reason for leaving _____

What did you enjoy the most about this position? _____

What did you enjoy the least? _____

PAST EMPLOYMENT

Name of employer and address _____

Phone and contact person _____

How long at this position? _____

Reason for leaving _____

EDUCATION/SKILLS

Highest level of education attained (circle one) 12, 13, 14, 15, 16

CHECK SKILLS YOU HAVE ACQUIRED

Typing _____ Telephone Communication Skills _____

Computer Skills _____ Insurance Handling _____

X-rays _____ Other Special Skills _____

CAREER AIMS/PERSONALITY ASSESSMENT

What qualifications, abilities and strong points will help you to succeed in this position? _____

Have you had any past experience in the Chiropractic or Medical field? _____
Please list if any _____

Do you have any health conditions or concerns we would need to be aware of? _____
List: _____

Whom would we notify for you in case of an emergency?
Name _____ Phone _____

LIST YOUR SIX BEST ASSETS

Do you feel you have self confidence? _____

How do you see yourself? _____

Why do you feel you would be suited for this position? _____

I authorize all schools, past employers, and law enforcement agencies to supply information concerning my background. I understand that I have a right to request disclosure of the nature of these inquiries.

I understand that if any statement herein is given in false information, employment will be withdrawn.

Signed _____ Date _____

