

*APPLICATION FOR EMPLOYMENT
AT
FUNCTIONAL WELLNESS CENTER*

Thank you for taking the time to fill out the following application. Functional Wellness Center has been an established member of the healthcare team in since 1986. We are proud of the role we play and of our fine employees, many of whom have become long-term team members. We appreciate the fact that you would like to join us in our mission of helping those in need though natural and conservative methods.

If you have a resume, please submit it in addition to our application. Your resume alone will not suffice.

If you are responding to an advertised position, be advised that we will be conducting interviews and describing the position in detail within the next few days. We will contact you if we are interested in pursuing more information from you; there is no need for you to contact us.

If you are applying for employment unrelated to an advertised position, we will contact you if we are interested in pursuing more information from you; there is no need for you to contact us. We will keep your application on file for 60 days.

If possible, please leave us a telephone number where you can be reached between the hours of 8:00am and 5:30pm: _____

If you do not wish to be called during the day, please leave us a number where you can be reached after 5:30pm: _____

One last note: many applications have been turned down due to a lack of information. It's better to err on the side of too much information than too little!

APPLICATION FOR EMPLOYMENT

Today's Date _____

Notes: All information is voluntary. All information will be treated in strict confidence. If information asked is already on your resume, write "see resume."

Name _____

Address _____ HomePhone _____

Email Address _____ Cell Phone _____

Check items in the following list which you have experience:

Filing _____ Bookkeeping _____ Computer _____

List Computer Programs _____

Telephone _____ Reception _____

Sales _____

Experience _____

Others _____

EDUCATION

High School Attended (Include City and State) _____

Graduate? _____ GED? _____

College Attended (Name and number of years) _____

Course of Study _____ Graduate? _____

Vocational or Trade School (Name and number of years) _____

Course of Study _____ Graduate? _____

Check the items in the following list which you have had in school/business:

_____ Bookkeeping _____ Telephone _____ Reception Duties

Other _____

SALARY AND BENEFITS

Please list any salary and/or benefit requirements that you are in need of.

\$ _____/hour Benefits

BUSINESS EXPERIENCE (list in chronological order beginning with the most recent). If you have a resume, please submit. But YOU MUST fill this form out completely. "See Resume" will not be considered a complete application and the application will be discarded.

1. Name of Company _____
City, State, Zip _____ Phone # _____
Dates of Employment _____
Your Supervisor _____
May we contact? _____ Salary _____
Your Duties _____

What did you like best about the job? _____

What did you like least? _____

Why did you leave? _____

2. Name of Company _____
City, State, Zip _____ Phone # _____
Dates of Employment _____
Your Supervisor _____
May we contact? _____ Salary _____
Your Duties _____

What did you like best about the job? _____

What did you like least? _____

Why did you leave? _____

3. Name of Company _____
City, State, Zip _____ Phone # _____
Dates of Employment _____
Your Supervisor _____
May we contact? _____ Salary _____
Your Duties _____

What did you like best about the job? _____

What did you like least? _____

Why did you leave? _____

Please give any other business experience you feel is pertinent:

PERSONAL REFERENCES (not relatives)

Name: _____ **Phone** _____ **Employed by** _____

Name: _____ **Phone** _____ **Employed by** _____

PERSONAL QUESTIONS

Can you refrain from smoking for up to 72 hours if attending a weekend seminar? Y/N

What do you know about Chiropractic? _____

Would you be able to attend seminars out of the area? Y/N

Have you ever been convicted of a felony? Y/N

Do you have your own reliable transportation? Y/N

Do you have any obligations that would interfere with your work here? Y/N

If so, describe:

Do you have any issues that would prevent you from working 10+ hours per day in this office? Y/N

If so, describe:

Are you available to work occasional evenings and/or weekends? Y/N

Signed _____ **Date** _____