

EMPLOYMENT APPLICATION

Looper Chiropractic, PA

(Application is only considered active for 30 days)

PLEASE PRINT

Date: _____

Name: _____
Last First Middle

Address: _____
Street Apartment/ Unit#

_____ City State Zip

Telephone No. (____) _____ Social Security No. _____

EMPLOYMENT DESIRED

Are you applying for:

Regular full-time work? Yes ____ No ____

Regular part-time work? Yes ____ No ____

Temporary work, e.g., summer or holiday work? Yes ____ No ____

What days and hours are you available for work? _____

Are you available for work on weekends? Yes ____ No ____

Would you be available to work overtime if necessary? Yes ____ No ____

If hired, on what date can you start work? _____

Salary desired: _____

PERSONAL INFORMATION

Have you ever applied or worked for Looper Chiropractic, PA before? Yes ____ No ____

If yes, when? _____

Do you have any friends or relatives working for Looper Chiropractic, PA? Yes ____ No ____

If yes, state name (s) and relationship: _____

Why are you applying for work at Looper Chiropractic, PA.? _____

If hired would you have reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old? Yes ____ No ____

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ____ No ____

The essential functions of the job for which you are applying are set out in the introduction letter.

Have you reviewed them?.....Yes ____ No ____

Are you able to perform the essential functions of this job with or without reasonable accommodations?Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

If yes, state nature of the crime (s) when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you graduate?	Degree or Diploma
High School			Yes / No	
Vocational/ Business			Yes / No	
College/ University			Yes / No	

Many of our patients do not speak English. Do you speak, write or understand any foreign languages? Yes ____ No ____

If yes, which languages (s) ? _____

Military Service: Yes ____ No ____ Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Looper Chiropractic, PA? If so, please explain:

EMPLOYMENT HISTORY

List all present and past employment starting with your most recent employer (last ten (10) years is sufficient).

Name of Employer: _____

Address: _____
Street City State Zip

Type of Business: _____

Telephone: (____) _____ Your Supervisor's Name: _____

Position and Duties: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?.....Yes _____ No _____

Name of Employer: _____

Address: _____
Street City State Zip

Type of Business: _____

Telephone: (____) _____ Your Supervisor's Name: _____

Position and Duties: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?.....Yes _____ No _____

Name of Employer: _____

Address: _____
Street City State Zip

Type of Business: _____

Telephone: (____) _____ Your Supervisor's Name: _____

Position and Duties: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?.....Yes _____ No _____

REFERENCES

List three persons who have knowledge of your work performance within the last three years.

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Occupation: _____

Telephone No. (_____) _____ Number of Years Acquainted: _____

Please Read and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Looper Chiropractic, PA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment including credit, and further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Dated: _____

Applicant's Signature

Application for Employment
Notice & Acknowledgement
of Binding Arbitration in use at
Looper Chiropractic, PA

(This form is to be signed by all applicants for employment)

Looper Chiropractic, PA (hereinafter "Employer") cares about its employees and the working environment we all share. As such Looper Chiropractic, PA has adopted an Alternative Dispute Resolution Procedure for the resolution of all workplace disputes as a policy, and condition of employment. By signing this application and acknowledgment you are agreeing to settle any and all previously unasserted claims, disputes or controversies arising out of or relating to your application or candidacy for employment, employment and/or cessation of employment with Looper Chiropractic, PA, *exclusively* by final and binding *arbitration* before a neutral Arbitrator. You are also acknowledging that should you be hired you understand that you will be bound by the terms of this policy. By way of example only, such claims include claims under federal, state and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I understand that this policy does not, however, in any way alter the "at will" status of my employment with Employer should I be hired which, unless otherwise agreed upon by written contract, is not for a fixed term or definite period and may be terminated at the will of myself or Employer with or without notice and without resort to this policy.

(Date)

Applicant's Signature

Applicant's Full Name (Print)