



**FOXWORTH  
CHIROPRACTIC**

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Referred By: \_\_\_\_\_

Employment Desired: \_\_\_\_\_ Position: \_\_\_\_\_ Date You Can Start? \_\_\_\_\_

REQUIRED: Salary/ Hourly Rate Required? (a range may be given) \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Name of current employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Education	Name & Location of School	Graduated?	Subjects Studied
<b>High School</b>	_____	_____	_____
<b>College</b>	_____	_____	_____
<b>Trade of Business School</b>	_____	_____	_____

**AVAILABILITY**

Are you available Monday through Friday 6:30 am – 6:30 pm? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are there any circumstance that would prevent you from working these hours on a regular basis?

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE SKILLS**

What software programs are you familiar with? \_\_\_\_\_  
\_\_\_\_\_

Are you familiar with MS Word? \_\_\_\_\_ Minimal \_\_\_\_\_ Somewhat \_\_\_\_\_ Very \_\_\_\_\_ Expert

Are you familiar with MS Windows? \_\_\_\_\_ Minimal \_\_\_\_\_ Somewhat \_\_\_\_\_ Very \_\_\_\_\_ Expert

Are you familiar with MS Excel? \_\_\_\_\_ Minimal \_\_\_\_\_ Somewhat \_\_\_\_\_ Very \_\_\_\_\_ Expert

What is your current typing speed? \_\_\_\_\_ WPM

What is the fastest your typing speed has been in the past? \_\_\_\_\_ WPM

**FORMER EMPLOYERS (Starting with the last one first)**

DATE Mo/Yr	Name/ City	Salary/Hr	Position	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REQUIRED:** Please Be Specific With These Questions.

What do you like most about your current job? (If unemployed, your last job.)

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What do you like least about your current job? (If unemployed, your last job.)

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If you and one other applicant have the same skills and are equally qualified, what would you like us to know about you that may help us decide to chose you for the position?

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**REFERENCES:** List the names of 3 people not related to you who have known you at least one year.

Name	Address/Phone	Business	Years Known
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**AUTHORIZATION:**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I FURTHER UNDERSTAND THAT I HAVE NO CONTRACT, WRITTEN OR IMPLIED, PROMISING FUTURE EMPLOYMENT.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**OFFICE PROBATION POLICY:**

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT I AM ON PROBATION FROM \_\_\_\_\_ TO \_\_\_\_\_ AND THAT DURING THIS TIME I CAN BE TERMINATED WITHOUT SEVERENCE PAY OR ANY EXPLANATION AS TO THE REASON FOR MY TERMINATION. I HAVE ACCEPTED THE TERMS OF THIS PROBATIONARY AGREEMENT OF MY OWN FREE WILL AND CHOICE. I ALSO UNDERSTAND THAT THERE IS NO CONTRACT GUARANTEEING MY FUTURE EMPLOYMENT OR BENEFIT, EITHER WRITTEN OR IMPLIED. I HEREBY AGREE TO FOLLOW ALL COMPANY POLICIES BOTH THOSE IN EXISTENCE AND THOSE THAT WILL BE ADDED IN THE FUTURE. I REALIZE THAT FAILURE TO FOLLOW COMPANY POLICY WILL RESULT IN MY IMMEDIATE DISMISSAL WITHOUT RECOURSE OR SEVERENCE PAY.

**WHEN EMPLOYED, IN CASE OF EMERGENCY NOTIFY: (List Name, Address and Phone Number)**


Submit completed application to [fccjobapplications@gmail.com](mailto:fccjobapplications@gmail.com). Any applicant that submits an application or resume by fax or contacts the office will NOT be considered for employment.