

# Natural Health Center

Professional Chiropractic Practice

## Pre-Employment Application

### *Personal Information*

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Social Security Number

\_\_\_\_\_  
Street Address                      City                      Zip                      Home Phone                      Cell Phone

\_\_\_\_\_  
Desired Employment Position at Natural Health Center                      Wage Expectation

How did you come to interview for employment at Natural Health Center? \_\_\_\_\_  
\_\_\_\_\_

Do you have any work limitations? \_\_\_\_\_  
\_\_\_\_\_

Have you been previously employed here?    yes    no    If yes, when & position \_\_\_\_\_  
\_\_\_\_\_

Have you any relatives/friends in our employ? yes    no    If yes, list name & relationship: \_\_\_\_\_  
\_\_\_\_\_

### *Educational Background*

Education	Name & Location of School	Years	Course of study	Did you Graduate?	Remarks
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\_\_\_\_\_  
**High School**

\_\_\_\_\_  
**College or University**

\_\_\_\_\_  
**Correspondence School**

\_\_\_\_\_  
**Other Training**

\_\_\_\_\_

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*Additional comments: (hobbies, strengths, special skills)*

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***Reference non-family members:*** List Name, Location, Telephone Number and Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I, the undersigned applicant, state the information on this application to be true and understand that false statements on this application may be considered sufficient cause for dismissal if hired for employment. I also hereby authorize a background check and screening as part of my application for this position.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Please do not write below this line