
Application for Employment

Kingwood Chiropractic Associates is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national, or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For: Chiropractic Assistant	Name (Last, First, Middle):	Other names:
Street Address:	City, State & Zip:	
Social Security Number:	Home Phone:	Cell Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?

EDUCATION

Name of School	City/ State	Did you graduate?	If No, # of years left to graduate	If Yes, date of graduation	Degree Received	Major
High School:		Yes No				
GED:		Yes No				
Other School		Yes No				
College:		Yes No				

College:		Yes No				
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Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc. relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please attach your entire work history. Below, enter your most recent or current employer information. If you held multiple positions with the same organization, detail each position separately. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE NOTE KINGWOOD CHIROPRACTIC ASSOCIATES** reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	Hours per week:	Title;
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title & Phone#:	Other Reference Name, Title, Phone#:	Contact my current references <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist
Primary Duties:	Reason for Leaving:	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of the facts, represents grounds for elimination of consideration for employment, or termination after employment if discovered at a later date. I authorize Kingwood Chiropractic Associates to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does not constitute a contract for continued guaranteed

employment. I understand that staff employees of Kingwood Chiropractic Associates serve-at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that the first NINETY DAYS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

Once complete, please email all copies to info@kingwoodchiro.com. We are not able to contact all people who submit resumes, but we will contact all the resumes we like!

Thank you for applying!