

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Position Desired: \_\_\_\_\_  
\_\_\_\_\_

I. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

II. BECAUSE OF FEDERAL LAW, ANSWERS TO QUESTIONS IN SECTION II ARE VOLUNTARY AND NOT REQUIRED FOR EMPLOYMENT.

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MARITAL STATUE (CIRCLE ONE) S M D W SEP

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

III. DO YOU HAVE ANY HOUR LIMITATIONS FOR WORKING? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS? \_\_\_\_\_ CONDITION OF HEALTH? \_\_\_\_\_

WHOM SHOULD WE NOTIFY IN CASE OF ACCIDENT? \_\_\_\_\_

THEIR PHONE NUMBER? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

AMOUNT OF OVERNIGHT TRAVEL ACCEPTABLE \_\_\_\_\_

IV. HAVE YOU HAD ANY PAST EXPERIENCE IN THE CHIROPRACTIC, MEDICAL, DENTAL, OR OSTEOPATHIC FIELDS? \_\_\_\_\_ IF SO, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

V. PAST EMPLOYMENT – START WITH MOST RECENT EMPLOYMENT:

A. PAST EMPLOYMENT \_\_\_\_\_

HOW LONG? \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIBE YOUR JOB/RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY MOST ABOUT THIS POSITION? \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY LEAST? \_\_\_\_\_

B. PAST EMPLOYMENT \_\_\_\_\_

HOW LONG? \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIBE YOUR JOB/RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY MOST ABOUT THIS POSITION? \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY LEAST? \_\_\_\_\_

C. PAST EMPLOYMENT \_\_\_\_\_

HOW LONG? \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIBE YOUR JOB/RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY MOST ABOUT THIS POSITION? \_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU ENJOY LEAST? \_\_\_\_\_

VI. LIST REFERENCES;

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

VII. EDUCATION/SKILLS

HIGHEST LEVEL OF EDUCATION ATTAINED (CIRCLE ONE) 12 13 14 15 16 16+ LIST ANY

DEGREES YOU HAVE OBTAINED:

CA \_\_\_\_\_ BS \_\_\_\_\_

RN \_\_\_\_\_ BA \_\_\_\_\_

LPN \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

RT \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

CHECK SKILLS YOU HAVE ACQUIRED:

TYPING \_\_\_\_\_ ACCOUNTING \_\_\_\_\_  
SHORTHAND \_\_\_\_\_ TELEPHONE COMMUNICATION \_\_\_\_\_  
DICTAPHONE \_\_\_\_\_ PHYSICAL THERAPY \_\_\_\_\_  
BOOKKEEPING \_\_\_\_\_ OTHER SPECIAL SKILLS (SPECIFY) \_\_\_\_\_

CARRER AIMS/PERSONALITY ASSESSMENT

CAREER AIMS (WHAT QUALIFICATIONS, ABILITIES, AND STRONG POINTS) WILL HELP YOU TO SUCCEED IN THIS POSITION?

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

VIII. LIST YOU SIX BEST ASSETS:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

DO YOU FEEL YOU ARE AVERAGE? \_\_\_\_\_

DO YOU HAVE SELF CONFIDENCE? \_\_\_\_\_

HOW DO YOU SEE YOURSELF? \_\_\_\_\_

HOW DO YOU FEEL YOU WOULD BE SUITED FOR THIS POSITION? \_\_\_\_\_

INTERVIEWER'S COMMENTS: \_\_\_\_\_

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



# WHAT KIND OF PERSON ARE YOU?

...Take this 90-second Test and Find Out!!!

People frequently complain that nobody understands them, and it's not surprising, since nobody really understands himself as well as he'd like to. It's fun getting to know yourself better and psychologists have come up with a new interesting way to gain further insight into the kind of person you are.

The following test is based on the findings of a series conducted by psychologist Robert H. Knapp and his colleagues at Wesleyan University. Each of the phrases used in the test has been pre-tested on hundreds of men and women and found to provide an amazingly accurate index to their characters. Here is a list of key phrases which the psychologists find most effective in revealing personality.

To take the test, select from the 18 phrases the one which most closely symbolizes the image you have of yourself. Then find out what this tells about you.

SELECT JUST ONE FROM THE ENTIRE PAGE:

## GROUP A

- \_\_\_\_\_ An electric generator
- \_\_\_\_\_ A surging tide
- \_\_\_\_\_ A humming teakettle

## GROUP D

- \_\_\_\_\_ A racing horse
- \_\_\_\_\_ A cracking whip
- \_\_\_\_\_ A plunging waterfall

## GROUP B

- \_\_\_\_\_ A shaft of light
- \_\_\_\_\_ A lilting melody
- \_\_\_\_\_ A bird rising in flight

## GROUP E

- \_\_\_\_\_ A tangled string
- \_\_\_\_\_ A boat lost in the mist
- \_\_\_\_\_ A trapped moth

## GROUP C

- \_\_\_\_\_ A leafless tree
- \_\_\_\_\_ A waterworn pebble
- \_\_\_\_\_ A weathered anchor

## GROUP F

- \_\_\_\_\_ A gently swaying tree
- \_\_\_\_\_ A wandering cloud
- \_\_\_\_\_ A balloon floating in the sky

I AUTHORIZE ALL SCHOOLS, CREDIT BUREAUS, AND LAW ENFORCEMENT AGENCIES TO SUPPLY INFORMATION CONCERNING MY BACKGROUND. I UNDERSTAND THAT I HAVE A RIGHT TO REQUEST DISCLOSURE OF THE NATURE, SCOPE, AND RESULTS OF SUCH AN INQUIRY. I UNDERSTAND THAT IF ANY STATEMENT HEREIN IS NOT TRUE, OFFERS OF EMPLOYMENT MAY BE WITHDRAWN.

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(SIGNED)

(DATE)

## CHECK YOUR MATH

#1

Deductible: \$300.00

Deductible Met: \$300.00

Insurance Pays: 80/20

Total of today's visit: \$100.00

How much does the patient owe: \_\_\_\_\_

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#2

Deductible: \$500.00

Deductible Met: \$0

Insurance Pays: 80/20

Total of today's visit: \$426.00

How much does the patient owe: \_\_\_\_\_

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#3

Deductible: \$250.00

Deductible Met: \$200.00

Insurance Pays: 50/50

Total of today's visit: \$300.00

How much does the patient owe: \_\_\_\_\_