

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

|                        |             |                     |          |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) |             | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY        | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY        | STATE               | ZIP CODE |
| PHONE NO.<br>(     )   | REFERRED BY |                     |          |

## EMPLOYMENT DESIRED

|  |   |                |
|--|---|----------------|
| POSITION   | DATE YOU CAN START  | SALARY DESIRED |
| ARE YOU EMPLOYED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                    | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| EVER APPLIED TO THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?  | WHEN?          |

## EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL                | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|----------------|-------------------|------------------|
| GRAMMAR SCHOOL                           |                |                   |                  |
| HIGH SCHOOL                              |                |                   |                  |
| COLLEGE                                  |                |                   |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                |                   |                  |

## GENERAL INFORMATION

|  |      |
|--|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS |      |
|  |      |
|  |      |
| U.S. MILITARY OR NAVAL SERVICE                                     | RANK |

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
|      |         |          |             |
|      |         |          |             |
|      |         |          |             |

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|             |           |           |             |              |
|-------------|-----------|-----------|-------------|--------------|
| NEATNESS    |           | CHARACTER |             |              |
| PERSONALITY |           | ABILITY   |             |              |
| HIRED       | FOR DEPT. | POSITION  | WILL REPORT | SALARY WAGES |

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

- 1) What is your knowledge of Chiropractic?
- 2) What is the most important thing you are looking for in a job?
- 3) Why would you like to work here?
- 4) How long do you plan to be employed here?
- 5) What is your best quality and how do you perceive that quality benefiting you in this position?
- 6) What personal quality has the most room for improvement and what, if any, steps have you made in that direction?
- 7) On a scale of 1-10, how outgoing are you?
- 8) On a scale of 1-10, rate your ability to deal with the public. Do you enjoy dealing with the public?
- 9) Rate yourself as a typist. (1-10)
- 10) Rate yourself as a perfectionist. (1-10)
- 11) Rate yourself in math. (1-10)
- 12) Tell me about any previous chiropractic experiences you have had.

You may be called back to take a clerical examination or for an interview. But first, are there any questions you would like answered about Dr. Schoenherr or this position?

# Personality Type Analysis

Following on a chart is horizontal lines with four descriptions on each line, one in each column. On each line, put the number 4 next to the word that best describes you in that line. Then place a 3 next to the word that describes you next best, a 2 next to the third best word, and a 1 that least describes you. (On each horizontal line of words you will then have one 4, one 3, one 2, and one 1). Do not put more than one of any number on any horizontal line of words.

|                            |                       |                          |                       |
|----------------------------|-----------------------|--------------------------|-----------------------|
| ___ Likes Having Authority | ___ Enthusiastic      | ___ Sensitive Feelings   | ___ Likes Instruction |
| ___ Takes Charge           | ___ Takes Risks       | ___ Loyal                | ___ Accurate          |
| ___ Determined             | ___ Visionary         | ___ Calm, Even Keel      | ___ Consistent        |
| ___ Enterprising           | ___ Likes Talking     | ___ Enjoys Routine       | ___ Predictable       |
| ___ Competitive            | ___ Promoter          | ___ Dislikes Change      | ___ Practical         |
| ___ Problem Solver         | ___ Enjoys Popularity | ___ Gives Into Others    | ___ Factual           |
| ___ Productive             | ___ Fun-Loving        | ___ Avoids Confrontation | ___ Conscientious     |
| ___ Bold                   | ___ Likes Variety     | ___ Sympathetic          | ___ Perfectionist     |
| ___ Decision Maker         | ___ Spontaneous       | ___ Nurturing            | ___ Detail Orientated |
| ___ Persistent             | ___ Inspirational     | ___ Peacemaker           | ___ Analytical        |
| ___ TOTAL                  | ___ TOTAL             | ___ TOTAL                | ___ TOTAL             |