

# Ponte Vedra Wellness Center

## APPLICATION FOR EMPLOYMENT

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Note: All information is voluntary and will be treated in strict confidence.  
If information asked is already on your resume, write: "See resume".

### YOU PERSONALLY

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### YOUR EDUCATION

High School and Graduation Date \_\_\_\_\_

Further Education \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Future College Plans?  Yes  No

Do you like to work with numbers?  Yes  No Do you like to work with people?  Yes  No

Check items in the following list that you have used in school or business:

Typing \_\_\_\_\_ Words per minute \_\_\_\_\_ Errors \_\_\_\_\_

Shorthand \_\_\_\_\_ Words per minute \_\_\_\_\_

Filing \_\_\_\_\_ Bookkeeping \_\_\_\_\_ Dictaphone \_\_\_\_\_

Computer Programs \_\_\_\_\_

Multi-line Telephone \_\_\_\_\_ Reception \_\_\_\_\_

### YOUR BUSINESS EXPERIENCE (Please begin with your most recent position.)

I. Name of Company \_\_\_\_\_ Dates \_\_\_\_\_

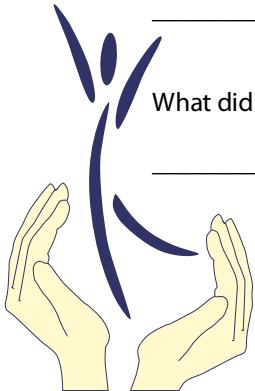
City and State \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_ Wage received \_\_\_\_\_

Why leaving? \_\_\_\_\_

What did you like the best about this job? \_\_\_\_\_

What did you like the least? \_\_\_\_\_



II. Name of Company \_\_\_\_\_ Dates \_\_\_\_\_

City and State \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_ Wage received \_\_\_\_\_

Why leaving? \_\_\_\_\_

What did you like the best about this job? \_\_\_\_\_

What did you like the least? \_\_\_\_\_

### REFERENCES

Business References:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

Personal References (No relatives):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Job \_\_\_\_\_

### YOUR FUTURE

What are your plans for the future? \_\_\_\_\_

What do you think you'll be doing five years from now? \_\_\_\_\_

What do you know about chiropractic? \_\_\_\_\_

Are you able to attend out of state seminars?  Yes  No

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_