## Sleppy Chiropractic Family Wellness Center

## **Job Application**

 100 Ford Drive
 Phone
 724-357-9030

 Indiana, PA 15701
 Fax
 724-357-9031

Personal Information					
Last	First	MI	SSN#	Email	
Street Address	City	ST	Zip	Home Phone	Mobile
Are you entitled to work in the United States?		Are you 18 or older?		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection		with a felony in the past seven years?		If yes, please explain:	
Military Service?	Branch	Are you a veteran? War			
What position are you applying for?		How did you hear about this position?			
Expected Hourly Rate	Expected Weekly Earnings	Date Available			
Prior Work Experience					
	Current or Most Recent	Prior		Prior	
Employer					
Address					
City, ST, ZIP					
Telephone					
Name of Immediate Supervisor					
Dates of Employment	From To	From	То	From	То
Position/Job Title					
Pay					
Reason for Leaving					
May We Contact					
Education	Name/Location	Last Year Co	mploto	Degree	Major
High School	Name/Location	9 10	11 12	Degree	Major
College/University		1 2			
		1 2	J 4		
Trade School					
Other					
List any applicable special skills, training or proficiencies.					
Disclaimer - By signing, I here the best of my knowledge, is c this information may prevent dismissal if hired. I also provid contacted regarding work reco	Signature		Date		