



Stephen A. Pisker, D.C.
1903 Kings Highway, P.O. Box 217
Swedesboro, NJ 08085

Pisker Family
Chiropractic & Wellness Center

Application for EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please Type or Print (all sections must be completed in full)

Position(s) Applied For

Date of Application

Last Name	First Name	Middle
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Address: Number	Street	City	State	Zip Code
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Telephone Number(s): Day, Night, Cell

Social Security Number

Email Address:

How did you learn about us?
 Advertisement Employment Agency Walk-In
 Friend Relative Other _____

On what date would you be available to work?
Are you Available to work: Full Time Part Time
 Shift Work Temporary

Do you have a valid operator's (driver's) license? Yes No

Desired Hourly Salary: \$ _____ per Hour (must be provided)

How Long would it take to travel from your home to our office?
_____ hour/minutes

Are you currently on "lay-off" status and subject to recall?
 Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Can you travel if a job required it Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment
 Yes No

Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. Yes No
If "Yes", Please Explain _____

Are you currently employed? Yes No
May we contact your present employer? Yes No

For Personnel Department Use Only

Position(s) applied for is open Yes No
Position(s) considered for: _____

Arrange Interview Yes No
Remarks: _____

Employed: Yes No Date _____

Job Title _____ Salary _____

Department _____

By _____ Date _____

Chiropractic Experience

Have you ever worked in a doctor's office before?
 Yes No If "Yes", give date _____

Have you ever worked as a receptionist or with insurance claims?
 Yes No If "Yes", give date _____

Have you or anyone in your family received chiropractic care?
 Yes No If "Yes", describe problem and result _____

Is there any reason you could or would not receive chiropractic care yourself?
 Yes No

Education	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Course of Study				
Describe any specialized training, apprenticeship skills and extra-curricular activities				
Describe any honors you have received				

Special Skills and Qualifications: List professional, trade, business or civic activities, offices held and job-related skills and qualifications acquired from past employment. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. **You must list 3 references including name and telephone No. from past employment.**

1. Employer	Dates Employed	Job Title
Address	From:	Supervisor
Telephone No.	To:	Hourly Rate/Salary Start: Final :
Reason for Leaving		Work Performed
2. Employer	Dates Employed	Job Title
Address	From:	Supervisor
Telephone No.	To:	Hourly Rate/Salary Start: Final :
Reason for Leaving		Work Performed
3. Employer	Dates Employed	Job Title
Address	From:	Supervisor
Telephone No.	To:	Hourly Rate/Salary Start: Final :
Reason for Leaving		Work Performed

I authorize Pisker Family Practice and Wellness Center to contact each former employer, firm or corporation and I release all parties from liability for any damage that may result from furnishing same to you. I certify that the facts 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.

Applicant's Signature

Date