

APPLICATION FOR EMPLOYMENT

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PERSONAL INFORMATION				
Name (Last, First, Middle)			Social Security Number	
Present Address (Street 1)	(Street Address 2)	(City)	(State)	(Zip)
Phone Numbers (Home Phone/Landline)			(Cell Phone)	
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give dates and details: _____				

<small>(Answering "yes" to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)</small>				
EMPLOYMENT DESIRED				
Position		Date Able To Start		Desired Pay Per Hour
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Employment Desired? <input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time only <input type="checkbox"/> Summer <input type="checkbox"/> Temp <input type="checkbox"/> Any				
Days/Hours Available To Work: <input type="checkbox"/> No preference <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____				
EDUCATION				
School	Name & Location of School	Years Completed	Did You Graduate?	Subjects Studied; Major/Degree
High School				
College				
Trade, Business, or Correspondence School				
GENERAL				
Subjects of Special Study or Research Work _____				
Special Skills				
Activities: (Civic, Athletic Etc.) _____				
<small>Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members.</small>				
What are your three strongest personality characteristics? 1. _____				
2. _____ 3. _____				

EXPERIENCE/SKILLS

Please indicate if you had experience performing or do you possess any of the following:

Business: Typing Filing Mail merge Large call volume Scheduling appointments Knowledge of medical terminology Insurance benefits verification Transcription Credit/collection Secretary/reception Proofreading/editing Courses in anatomy Supply inventory/ordering Insurance billing Patient billing Accounts payable Accounts receivable Event coordination Tax preparation ICD-9/CPT codes Payroll HIPAA compliance Computer literacy Computer networking Microsoft Word Microsoft Excel Microsoft PowerPoint Microsoft Publisher Internet Email Website design Managing/supervising employees Computer IT Prior authorizing procedures Marketing Graphic design Blogging

Patient Care: Therapeutic ultrasound Electric muscle stimulation Knowledgeable about chiropractic treatment Electronic Health Records DOT physicals Rooming/Updating patients Patient charting Laser therapy Graston Technique Massage therapy Drug & alcohol testing Taking x-rays Developing x-rays Performing urinalyses Exercise instruction/rehab Sports physicals

Please list any other tasks with which you have had experience that would be pertinent to the position for which you are applying : _____

FORMER EMPLOYERS (List below last three employers, starting with last one first).

Date (MM/YY)	Name & Address of Employer	Salary	Position Held/Duties	Reason for Leaving
From To				
From To				
From To				

Which of these jobs did you like best?

What did you like most about this job?

May we contact these employers for references? Yes No

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address/Phone	Business	Years Acquainted
1.			
2.			
3.			

OTHER APPLICABLE

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

Signature of Applicant

Date