

Chiropractic Assistant Application Form

General information:

Name: _____ Address: _____

City, State, and Zip Code: _____ Phone: _____

High school name: _____ Grade completed _____

College name: _____ Year completed _____

Business school name: _____ Graduate: Yes _____ No _____

Specialized training: _____

Do you speak more than one language? Yes _____ No _____

If yes, which languages? _____

Skills you presently have:

Telephone _____ Word processing _____ WPM _____ Shorthand _____ Dictaphone _____ Bookkeeping _____

Qualities you possess that would make you an asset to the position: _____

Do you have your own transportation? _____ Are there any circumstances at home that would prevent you from arriving at work on time or keep you from attending work each day? (If yes, please explain.)

Who should be notified in case of an emergency?

Name: _____ Address: _____

City, State, and Zip Code: _____

Phone: _____ Relationship _____

Have you had previous experience working with people? Yes _____ No _____ If so, where?

Your last three jobs—most current first:

Business Name	Supervisor	Phone No.	Dates of Employment
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1. _____

2. _____

3. _____

Reason for leaving	Starting wage	Ending wage
1. _____		
2. _____		
3. _____		

Character references:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Chiropractic experience and knowledge:

Have you ever been treated by a chiropractor? Yes _____ No _____

Has anyone in your family ever been treated by a chiropractor? Yes _____ No _____

What is chiropractic? _____

Why should a patient see a chiropractor? _____

Continuing education:

Is there any reason you cannot attend weekend seminars? Yes _____ No _____ The seminars are paid for by the doctor, including travel accommodations. However, you contribute your own time. (If no, please explain)

