

Application for Employment



Cleveland Chiropractic College is dedicated to a policy of nondiscrimination in employment upon any basis including race, color, religion, age, sex, national origin, ancestry, marital status, veteran status, disability, or any other status protected by law. Please keep in mind that the questions contained in this application are not intended to be discriminatory based on any non-job-related information.

Personal	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: MM/YY / Position			
	Position Desired			Pay Expected
	Are you seeking full time or part time employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
	Are you willing to work overtime, if needed and asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you legally eligible for employment in the United States? (Proof of your eligibility will be required prior to beginning work) <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available?
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full. If there is insufficient space to complete your answer, please use an extra page.				
Please list any other special training or skills (languages, machine operation, etc.) that might aid you in performing the job for which you have applied. Please omit any special training or skills that tend to identify your religion, race, sex, national origin, age, disability or other personal traits. If there is insufficient space to complete your answer, please use an extra page.				

Education	School	Name and Location of School	Course of Study	Years Completed	Did you Graduate	Degree or Diploma
	Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Business/ Trade/ Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Please list and describe any paid or unpaid activities, honors, experiences, skills, training, or qualifications that might aid you in performing the job for which you have applied. Omit any activities, honors, memberships or other items that tend to identify your religion, race, sex, national origin, age, disability or other personal traits. If there is insufficient space to complete your answer, please use an extra page.

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment (and accompanying resume and/or documents, if any) is true, correct and complete. False, incomplete or misrepresented information and omissions of fact may disqualify me from further consideration for employment, and may be justification for cancellation of my application for employment or immediate dismissal from employment if discovered at a later date. By my signature placed below, I further agree to immediately notify Cleveland Chiropractic College if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my application is pending, or during my period of employment, if hired.

I authorize Cleveland Chiropractic College to contact and obtain information about me from the previous employers and educational institutions I provided, and any other party necessary to verify the accuracy of information I disclosed in this Application for Employment and accompanying resume and/or documents, if any, or a personal interview. To assist in processing my Application for Employment, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. In addition, I authorize Cleveland to access my criminal history record for the limited purposes of determining my fitness for employment.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I understand that this Application for Employment does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at will, at any time, with or without cause or notice. I understand that no persons are authorized to change any of the terms mentioned in this employment application form. At-will employment may be modified by a collective bargaining agreement, if applicable, to the position for which you are applying.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature