



**EMPLOYMENT HISTORY**

Are you currently employed?       Yes       No

**Employment History** *(Please begin with your current or last employer)*

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked(From/To): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked(From/To): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked(From/To): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How much time have you missed from work/school during the past 12 months? \_\_\_\_\_

Have you ever been discharged from any position? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been found guilty of a felony or misdemeanor? \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

*(This does not automatically exclude you from consideration for employment.)*

Please summarize any additional information necessary to describe your full qualifications.

Will you now or in the future, require sponsorship for employment visa status (e.g. H-1B visa status)? Yes or No \_\_\_\_\_

**EDUCATION**

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course or Major: \_\_\_\_\_

GPA \_\_\_\_\_ Graduate  Yes  No

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Major: \_\_\_\_\_

Graduated  Yes  No Degree: \_\_\_\_\_

Other School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Major: \_\_\_\_\_

Graduated  Yes  No Degree: \_\_\_\_\_

In what activities and organizations, or volunteer work including athletics, did you participate in school? \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION. UNLESS OTHERWISE INDICATED, ALL REFERENCE TO "COMPANY" SHALL MEAN COMBER PHYSICAL THERAPY/FUSION CHIROPRACTIC.**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the company to verify their accuracy and to obtain reference information on my work performance. I hereby release the company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the company. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the company may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**This application for employment is good for 30 days only.  
Consideration for employment after 30 days requires a new application.**