



3405 6<sup>th</sup> Street  
Brookings, SD 57006  
(t) 605.693.7222  
(f) 605.693.6614

### Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the business. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the last page.

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

Position(s) applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Mobile Telephone #: \_\_\_\_\_

Are you 18 years or older?  Yes  No

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof that you are eligible to work in the U.S.?  Yes  No

How were you referred to us? \_\_\_\_\_

Have you ever been previously employed by our business?  Yes  No

Have you applied here before?  Yes  No If yes, when? \_\_\_\_\_

Do you have a relative employed here?  Yes  No

Are you now or do you expect to be engaged in any other business or employment?

Yes  No If "Yes", explain.

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes  No If "Yes", please explain (a conviction will not automatically bar employment):

\_\_\_\_\_

\_\_\_\_\_

**Employment History.**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please give month and year. Do Not Use "See Resume". Use additional pages if necessary.

Current or Most Recent Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_ May we contact your employer? \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Educational History.**

List school name and location, course of study, and any degrees earned. Do Not Use "See Resume".

Education Type	Name and Address of School	Grade Completed or Degree	Subject Studied or Major	Number of years attended	Graduated
High School					Y / N
College					Y / N
College					Y / N
Graduate					Y / N
Vocational					Y / N

What skills or additional training do you have that are related to the job for which you are applying?

\_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

---

---

---

---

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

---

---

**References**

List three (3) professional references with their telephone numbers, years known, and your relationship to them, e.g., supervisor, co-worker, etc. Do not include relatives or friends.

Name	Address	Phone Number	Relationship/ Company Name	Years Known

I hereby authorize the potential employer to contact and obtain information from any and all previous employers, references, and other institutions as necessary to verify the accuracy of the information I provided herein, including relevant facts and opinions about my work and work habits. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I expressly authorize any educational institutions that I have attended to provide transcripts and degree status, and I release from liability or responsibility all persons or entities requesting or supplying such information. I further agree that this application and any other paperwork completed by Brookings Chiropractic Center becomes the property of Brookings Chiropractic Center.

I understand that any offer of employment may be contingent upon successful completion of reference and background screening and drug testing results, and employment may be denied for failure to successfully complete this process.

I understand that any false information, misrepresentation, or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:**

**Date:**

---

## Applicant Self-Identification Form

### Equal Employment Opportunity Statistics

Brookings Chiropractic Center is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. This optional information below will be used in the compilation of data for Equal Employment Opportunity Commission reporting.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The optional information will be used and kept confidential in accordance with applicable laws and regulations. We appreciate your voluntary cooperation and assistance in our efforts to ensure Equal Employment Opportunity.

### Applicant Information

Position applied for: \_\_\_\_\_

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

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

Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White

\_\_\_\_\_ Other \_\_\_\_\_

-----

### For Administrative Use Only

Position(s) applied for \_\_\_\_\_ Available \_\_\_\_\_ Not Available \_\_\_\_\_ Other

Other positions considered for \_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No

Position hired for \_\_\_\_\_

#### EEO Job Classification:

\_\_\_ Officials and Managers      \_\_\_ Sales Workers      \_\_\_ Operatives (semi-skilled)

\_\_\_ Professionals                \_\_\_ Office and Clerical      \_\_\_ Laborers (unskilled)

\_\_\_ Technicians                  \_\_\_ Craft Workers (skilled)      \_\_\_ Service Workers

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_