

Active Lifestyles Wellness & Performance Center

1715 37th Place, Third Fl, Vero Beach, Florida, 32960.

Office: 772-978-7379, Fax: 772-539-8515

drres@activelifestylesVB.com

Job Application (3 pages)

Name: _____

Address: _____

Day Phone Number: _____

Evening Phone Number: _____

Position Applying For: _____

Social Security Number : _____ (used for background checks)

Driver's License Number and State of Issue: _____

| | Yes | No |
|--|-----|----|
| Chiropractic | | |
| Have you ever worked in the chiropractic field before? | | |
| Have you worked in a healthcare setting before? | | |
| Have you ever sought a chiropractor for treatment? | | |
| Are you a smoker? | | |
| Do you take supplements? | | |
| Do you have any experience dealing with patients? | | |
| Do you consider your health of you and your family a number one priority in your life? | | |
| Do you exercise? How often? _____ hrs/week | | |
| Are you familiar with HIPAA rules? | | |
| Are you CPR certified? | | |
| Do you have any certifications that would be useful to our practice? List: _____ | | |
| Office Work | | |
| Are you proficient with computers and Microsoft Office? | | |
| Can you type? How many words/min: _____ | | |
| Do you speak another language besides English? | | |
| Is work important for your well-being besides the financial reward it provides? | | |
| Can you do more than 1 thing at the same time and be successful (multi-task)? | | |
| Are you available weekends (Saturday 8:00-12:00)? | | |
| Interpersonal Skills | | |
| Do you consider yourself a good problem-solver? | | |
| | | |

| | | |
|--|--|--|
| Do you or your former employer consider you or yourself a people's person? | | |
| Are you able to diffuse difficult situations? | | |
| Do you have difficulty saying no to an employer? | | |
| Commitment | | |
| Are you willing to work different hours/ schedules to meet the need of the practice? | | |
| Do you like to take ownership of your job and duties? | | |
| Would you prefer that your tasks be written strictly on paper? | | |
| Do you like the idea of creating your own perfect working environment that meets your needs and the needs of the practice? | | |
| Compensation | | |
| Do you prefer a basic salary or one that is based on the practice's income and performance? | | |
| How much would you like to be compensated for your work? Range _____/hr. | | |
| General Health | | |
| Do you have any communicable disease? | | |
| Do you have any mental illness and/or are you taking medicine for a mental illness such as depression, schizophrenia, etc? | | |
| Do you take medicine for hypertension, diabetes, pre-menstrual syndrome, cholesterol or heart disease? | | |
| Do suffer from any behavioral issues requiring a psychologist or psychiatrist? | | |
| Do you suffer from any skin disease? | | |
| Have you ever or currently taking illicit (street) drugs? | | |
| Criminal History | | |
| Have you ever been accused of a crime? | | |
| Have you ever been to jail or prison? | | |

Work History (from the most recent to latest)

| Company | Address | Tel no./Contact Person | Period Mo/yr to Mo/yr |
|------------------------|----------------|-------------------------------|------------------------------|
| 1. | | | |
| Job Duties/Description | | | |
| Reason for Departure | | | |
| 2. | | | |
| Job Duties/Description | | | |
| Reason for Departure | | | |
| 3. | | | |

| | | | |
|------------------------|--|--|--|
| Job Duties/Description | | | |
| Reason for Departure | | | |
| 4. | | | |
| Job Duties/Description | | | |
| Reason for Departure | | | |

What are your goals and expectations? Describe why you would be a good candidate for the job:

Your definition of Wellness:

Would be willing to undergo testing for use of illicit drugs and agree to allow Active Lifestyles to perform a background check? **Y or N (circle one)**

Please include a resume and appropriate professional licenses with your application and either mail the whole application to the address above, drop it off personally, e-mail it or fax it .

Signature: _____ **Date:** _____

Revised 7/23/2009