



# Application for Employment

**LIFE CHIROPRACTIC COLLEGE WEST**

25001 INDUSTRIAL BLVD.

HAYWARD, CA 94545

510-780-4500

LCCW is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

## Applicant Information

Last First Middle

Have you ever worked under another name? ☐ Yes ☐ No

If yes, under what name(s):

Address: Street City State Zip Code

Home #: ( ) - Other #: ( ) -

Email:

## Position Applying For

Job Title/ Type of Work Desired Salary

If necessary, are you available to work any of the following?

Overtime

☐ Yes

☐ No

Holidays

☐ Yes

☐ No

Work schedule other than M-F

☐ Yes

☐ No

How did you learn about this opening?

Desired Employment ☐ Full-Time ☐ Part-Time ☐ Temporary

Have you worked for or applied for a position at LCCW before? ☐ Yes ☐ No

If yes, what positions?

Do you have any relatives working here? ☐ Yes ☐ No Name of Relative:

If hired, can you submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No

## Education : Begin with most recent college/university/technical school

Name of Institution & Location Major # of Yrs. Graduate? Degree

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

Any professional designations, trainings, patents, publications, computer skills, Academic Honors, Community Organizational Activities related to the job sought?

**Employment History : List current/most recent position first (attach additional sheets if necessary)**

Name of Employer	Address/Location	Dates Employed
		From To
Type of Business	Position/Title	Salary
		Starting Final
Manager's Name	Manager's Title	Phone

Reason for leaving:

Name of Employer	Address/Location	Dates Employed
		From To
Type of Business	Position/Title	Salary
		Starting Final
Manager's Name	Manager's Title	Phone

Reason for leaving:

Name of Employer	Address/Location	Dates Employed
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		From To
Type of Business	Position/Title	Salary
		Starting Final
Manager's Name	Manager's Title	Phone

Reason for leaving:

**References:** List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (if applying for a supervisory position, please include one subordinate.)

Name	Title	Company	Phone	Phone
Name	Title	Company	Phone	Phone
Name	Title	Company	Phone	Phone

Please read the below carefully and then initial next to each paragraph. Please sign and date in the space provided at the bottom of this page.

Applicant's Initials

Amr

I authorize Life Chiropractic College West to verify, in any manner, all statements made by me. LCCW may, for example, interview former employers, co-workers, schools, references, or others and request information and supporting documentation such as transcripts and evaluations.

Amr

I authorize any and all former employers, reference, or educational institutions to release all information relevant to my employment or education to LCCW, without giving me prior notice.

Amr

I release from any liability or responsibility all persons, companies, and corporations supplying any information in verifying my statements above, as well as LCCW in connection with its obtaining such information for use in verifying my statement above.

Amr

I shall preserve in strictest confidence all information regarding LCCW or customers of LCCW that may be disclosed to me or come to my attention in the process of applying for a position with LCCW.

Amr

If employed by LCCW, I agree to comply with LCCW's policies and procedures, safety rules, and cooperate in any reasonable security investigation. I understand that I am not employed by or entitled to employment by LCCW unless and until I have received and accepted a written offer of employment from an LCCW representative. I also understand that no other act of LCCW, including the acceptance of my application for employment, the scheduling of interviews with me, or any oral or written statements of interest or encouragement, creates an employment relationship with me, and I will not rely on any such act of LCCW. I understand that if I am employed by LCCW, such employment is "at-will," which means that my employment and related compensation may be terminated at anytime, with or without cause, and with or without advance notice by me or by LCCW.

Amr

I understand that any misrepresentation or omission of fact on this application, my resume, any supplementary materials submitted by me, and interview responses, may be cause for a refusal to hire me or the termination of employment at any time during the period of my employment.

Amr

I have reviewed this application personally, and I agree that all statements I have made on this application, in my resume, and other supplementary materials submitted by me are true and correct. I have not knowingly withheld any information that might adversely affect my chance for employment.

Applicant Signature:

Amr

Date: 2 April 2015