

EMPLOYMENT APPLICATION

Please complete the entire application.

Decatur Back and Neck Center
3350 N. Water Street, Suite A
Decatur, Illinois 62526
217-877-2404

Decatur Back and Neck Center is an equal opportunity employer. It is the policy of Decatur Back and Neck Center (DBNC) to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

1. Applicant Information

Applicant Full Name: _____

Home Address: _____

City, State, Zip: _____

Number of years at this address: _____

Daytime phone: _____

Evening phone: _____

Cell phone (if different): _____

Driver's License Number and State Issued: _____

Emergency Contact if you are involved in an emergency:

Contact Name: _____

Relationship to you: _____

Address: _____

City, State, Zip: _____

BEST number to reach them: _____

2. Job/Position Applied For: _____

Full or Part Time? _____

How did you hear about this open position? _____

Do you have any friends or relatives who work at DBNC? If yes, please list:

-
3. Have you applied to our company previously? _____ If yes, when? _____
 4. Are you at least 18 years old? _____
 5. How will you get to work? _____
 6. If you are offered employment at DBNC, when would you be available to begin work?

7. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No
8. Are you able to perform the essential functions of the job position you seek with or without accommodations? _____ Yes _____ No

If needed, what reasonable accommodations would you request?

9. Have you ever been convicted of a felony or misdemeanor?
_____ No
_____ Yes, I was convicted of _____ on
_____ (date) in _____ (city), _____ (state).

The existence of a criminal record does NOT constitute an automatic bar to employment, unless relevant to the type of employment. I understand that providing false or misleading information will be the basis for rejection of my application, or if work commences, immediate termination.

10. Applicant's Skills

List any skills that may be useful for the position you are seeking. Enter the number of years of experience and rate your ability for each skill (One represents poor ability, while five represents exceptional ability).

Skill	Years of Experience	Rating
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

11. Applicant's Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service), which you have held, beginning with the most recent. List and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

1. Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP: _____

Your job duties: _____

Reason for Leaving: _____

Dates of Employment Start to End (Month to End) _____

2. Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP: _____

Your job duties: _____

Reason for Leaving: _____

Dates of Employment Start to End (Month to End) _____

3. Employer Name: _____

Supervisor Name: _____

Address: _____

City, State, ZIP: _____

Your job duties: _____

Reason for Leaving: _____

Dates of Employment Start to End (Month to End) _____

12. Applicant's Education and Training

A. College/University Name and Location:

Years Completed: _____

Degree or Certification: _____

B. Technical or Vocational School Name and Location:

Years Completed: _____

Degree or Certification: _____

C. High School or GED Name and Location:

Degree or Certification: _____

D. Other Education Name and Location:

Years Completed: _____

Degree or Certification: _____

Please list any other professional certifications or licenses you hold:

List any Honors, Awards, or Special Achievements:

Military Service: ____ No ____ Yes. Branch of service: _____

Specialized Training: _____

13. References

List any non-relatives who would be willing to provide a refence for you. Indicate Yes or No if we may contact them. ____ Yes ____ No

1. Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Relationship to you: _____

2. Name: _____
Address: _____
City, State, ZIP: _____
Telephone: _____
Relationship to you: _____

3. Name: _____
Address: _____
City, State, ZIP: _____
Telephone: _____
Relationship to you: _____

14. Please provide any other information that you believe we should consider, including whether you are bound by any other agreement with any current employer:

APPLICANT'S CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, the basis for immediate termination.

I authorize Decatur Back and Neck Center to contact former employers and educational organizations regarding my employment and education. I allow my former employers and educational organizations to communicate information fully and freely regarding my previous work, attendance, and grades. I authorized the persons designated as references to communicate information fully and freely regarding my previous employment and education.

Upon employment relationship, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization's owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and my employer or I will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will also have the right to terminate the employment relationship. Moreover, no agents, representative, or employee of Decatur Back and Neck Center, except in the specific written contract of

employment signed on behalf of the organization's owner, has the power to alter or vary the voluntary nature of the employment relationship.

I attest that I have carefully read the above certification, and I understand and agree to all terms.

Applicant's Signature

Print Name

Date