



CARDINAL CHIROPRACTIC CENTERS®

Dr. Michael W. Baker
 11509 Shelbyville Road, Louisville, KY 40243 (502) 489-8480
 4452 Dixie Hwy., Louisville, KY 40218 (502) 448-5241

Title of Position:

(Leave blank ONLY if applying for more than one position.)

(DO NOT ANSWER: OFFICIAL USE ONLY)

Posting Type Job Class Code Requisition #

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Social Security Number:

Date:

--	--

Name: (First)

(Middle)

(Last)

Suffix (Jr/Sr)

--	--	--	--

Home Address: (Number and Street)

--

City:

State:

Zip Code:

County:

--	--	--	--

Phone:

(Home) () -

(Other) () -

Email Address:

	@
--	---

Mailing Address: (If different than above)

--

City:

State:

Zip Code:

--	--	--

List three references that are not friends/family:

	#
	#
	#



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CONFIDENTIAL REFERENCE REQUEST

APPLICANT TO COMPLETE **BOLD TEXT ONLY**

PRINT IN INK OR TYPE

Company Name _____

Address _____

City _____ State _____ Zip Code _____

I have applied to Cardinal Chiropractic Center for employment in the position of _____ and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Name _____

Other Names Known By _____

Social Security Number _____

Position Held _____

month day year month day year

Employment Dates _____ / _____ / _____ to _____ / _____ / _____

Average number of hours worked per week _____

Signature of Applicant (to be signed in ink) _____ Date _____

DO NOT WRITE BELOW THIS LINE

We appreciate your response to the questions below. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part.

COMPANY RESPONSE

Are the "Position Held", "Employment Dates" and the "Average number of hours worked per week" correct? Yes () No ()

If not, please supply correct information:

month day year month day year

Employment Dates: _____ / _____ / _____ To: _____ / _____ / _____

Position Held _____

Average number of hours worked per week _____

EMPLOYMENT EXPERIENCE: Begin with your most recent job and describe in detail each specific job, including any military service or verifiable volunteer experience you may have had. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization so that your duties changed significantly, then describe that as a separate job. Request additional forms if needed. You must provide this information on the application, as resumes are not considered as official information.

REQUEST ADDITIONAL FORMS, IF NEEDED, TO COMPLETE EMPLOYMENT HISTORY

Employer:		Dates of Employment: MM / DD / YY MM / DD / YY From: / / To: / /	
Position Title:		Employer's Address:	
Phone: () -		City:	State: Zip Code:
Hours Worked Per Week:	Name of Supervisor:	Supervisor's Title:	
Reason For Leaving:		May we contact your present employer: Yes __ No __	
Salary History: Starting Salary: _____ per _____ Final Salary : _____ per _____		If served as a supervisor list dates: From: / / To: / /	
Duties and Responsibilities:			

Employer:		Dates of Employment: MM / DD / YY MM / DD / YY From: / / To: / /	
Position Title:		Employer's Address:	
Phone: () -		City:	State: Zip Code:
Hours Worked Per Week:	Name of Supervisor:	Supervisor's Title:	Reason For Leaving:
Salary History: Starting Salary: _____ per _____ Final Salary : _____ per _____		If served as a supervisor list dates: From: / / To: / /	
Duties and Responsibilities:			

Complete Required Information on the Following Page.

Employer:		Dates of Employment: MM / DD / YY MM / DD / YY From: / / To: / /	
Position Title:		Employer's Address:	
Phone: ()		City:	State: Zip Code:
Hours Worked Per Week:	Name of Supervisor:	Supervisor's Title:	Reason For Leaving:
Salary History: Starting Salary: per Final Salary: per		If served as a supervisor list dates: From: / / To: / /	
Duties and Responsibilities:			

Employer:		Dates of Employment: MM / DD / YY MM / DD / YY From: / / To: / /	
Position Title:		Employer's Address:	
Phone: ()		City:	State: Zip Code:
Hours Worked Per Week:	Name of Supervisor:	Supervisor's Title:	Reason For Leaving:
Salary History: Starting Salary: per Final Salary: per		If served as a supervisor list dates: From: / / To: / /	
Duties and Responsibilities:			

I certify under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be eligible for employment, and if already employed, subject to termination. I authorize Louisville/Jefferson County Metro Government to make all necessary investigations and further authorize and request each former employer, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application or concerning me, my work habits, character, or my action in any transaction.

Signature _____ Date _____

Unsigned applications cannot be processed.

Thank you for applying for employment with Louisville/Jefferson County Metro Government.
An Equal Opportunity Employer

Military experience: Yes ___ No ___ Branch of Service: _____

What type of work are you seeking? Regular ___ Temporary ___ Part Time ___ Full Time ___

(Please check all that apply) Desired Shift(s): 1 ___ 2 ___ 3 ___ Any ___
(Days) (Evenings) (Nights)

DRIVER'S LICENSE (List Driver's License, if the position sought requires a Driver's License.)

State of Issue:	Issue Date:	License #	Type:	Expiration Date:	Verified/Renewal In progress (For Official Use)

LICENSES/CERTIFICATES (If additional space is needed, use a separate sheet of paper.)

Licenses & Certificates	Issue Date:	License/ Certificate #	Issued By:	City/State/ Country	Expiration Date:	Verified/Renewal In progress (For Official Use)

FORMAL TRAINING/EDUCATION

School Type	School Name, City, State	Dates Attended To From		Major/ Minor	Level Achieved	Diploma/ Graduation
Grade/Middle School					Completed 8 th Grade	Yes ___ No ___
High School / GED					Earned Diploma / GED	Yes ___ No ___
Vocational, Business or Military		Mo/Yr	Mo/Yr		*Sem / Qtr or Clock hours:	#Cert. Earned
Undergraduate College or University		Mo/Yr	Mo/Yr		*Sem / Qtr or Clock hours:	#Degree Earned
Graduate School		Mo/Yr	Mo/Yr		*Sem / Qtr or Clock hours:	#Degree Earned
Other		Mo/Yr	Mo/Yr		*Sem / Qtr or Clock hours:	#Degree/Cert. Earned

* Please note that educational requirements must be verified with appropriate documentation, which may include a diploma, certificate and/or transcript, at the time of application. *Please circle, only one to indicate semester, quarter or clock hours; also include number of hours earned.

List any office machines and/or equipment you can operate, (e.g., office equipment, heavy road equipment or any specialized machinery.)

Indicate all languages you speak other than English?

Indicate your proficiency level: ___ Conversation ___ Read/Write ___ Fluent

Availability

- ☐ Select the office location at which you would prefer to work:

4452 Dixie Highway (Shively) 11509 Shelbyville Road (Middletown)

- ☐ If a position at this location is unavailable, would you consider employment at the other office?

Yes No

- ☐ Our office hours are below:

Monday: 9:00-1:00 and 3:00-7:00
Tuesday: 3:00-7:00 (6:00 at Middletown location)
Wednesday: 9:00-1:00 and 3:00-7:00
Thursday: 3:00-7:00 (6:00 at Middletown location)
Friday: 9:00-1:00 and 3:00-7:00 (6:00 at Shively location)
Saturday: 10:00-12:00 (Shively location only)

Are you available to work during all of these times?

Yes No

If no, please indicate the hours you are available on the calendar below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (before 1:00)						
Afternoon (after 1:00)						

- ☐ We often take part in weekend marketing events. The hours vary by event, but are frequently 11:00-7:00 both Saturday and Sunday. Would you be willing to attend these events?

Yes No Sometimes

If sometimes, please explain: _____
