



## Employment Application

**Please submit application/resume to: [hr@nyspineandwellness.com](mailto:hr@nyspineandwellness.com)**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell:	E-mail Address	
Date Available			Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any relatives that work for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

<b>PREVIOUS EMPLOYMENT</b>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> Phone #:		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> Phone #:		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> Phone #:		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> Phone #:		

<b>LICENSE/CERTIFICATION #:</b>	
<i>If you have a professional license or certification please enter the # &amp; expiration date here:</i>	
<b>LICENSE/CERTIFICATION #</b>	<b>EXPIRATION DATE:</b>
<b>MILITARY SERVICE</b>	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
By signing below, I certify that my answers are true and complete to the best of my knowledge. I also authorize New York Spine and Wellness Center to contact the references I have provided.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

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