

Fly Again Acupuncture PLLC

Employment Application

Applicant Information							
Full Name:				Date:			
	Last	First		М.І.			
Address:	Street Address				Apartment/Unit #		
					, paranene erne n		
	City			State	ZIP Code		
Phone:		E	Email				
Date Available: Social Security No.:			Desired Hourly Wage:				
Position Applied for: Desired Hours/Week							
Are you a ci	tizen of the United States	YES NO ?	If no, are	you authorized to w]	
YES NO Have you ever been convicted of a felony? 							
lf yes, expla	in:						
		Educa	ation				
Undergraduate: Address:							
From:	То:	_ Did you graduate?	YES N	IO] Diploma:			
Acupunctur Training:	re	Address:					
From:	То:	Did you graduate?		IO Degree:			
Acupunctur License	re State(s)		License #				
Are you NC	CAOM Board Certified?		YES NO				
		Refere	ences				
Please list t	three professional refere	nces.					
Full Name:			Relationship:				
Company:				Pł	none:		

Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
	Previous Employment					
Company:	Phone:					
Address:		Supervisor:				
Job Title:	Starting Salary:\$	Ending Salary: \$				
From:	To: Reason for Le	aving:				
		NO				
May we contact your						
	Career Aspirations					
What types of patients	s/cases do you find exciting and energizing?					
Where do you see yo	urself in 5 Years?					

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:	Da	te:					

* Please attach a copy of your resume when you return this application to the office.