

Johnson Performance & Wellness Center

Drew A. Johnson, PSc.D

1103 East University Dr. Suite # 100

College Station, TX 77840

(979) 268-1162

(979) 846-7239 - fax

Employment Application

Date: _____

Please attach additional sheets if necessary.

Name: Last First MI			Social Security Number	
Address: Street City State Zip				
Phone:		Drivers License Number State: Number:		

Have you ever been employed by a wellness center? () Yes () No
If yes when? _____
Reason for leaving _____

Are you eligible to work in the United States? () Yes () No
Verification will be required if hired.

Are you currently employed? () Yes () No
If YES may we contact your current employer? () Yes () No () Other

Check Employment Desired: () Full Time () Part Time () Temporary

Education:	Name and Location	Major	Degree? (Y/N)
High School			
College			
Other (Trade School, etc.)			

Emergency Contact Information

Name:	Relationship:
Address:	
Phone Number:	

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Previous Employment (start with most recent)

Employers Name:		Address:		Type of Business:	
Dates Employed: From: To:		Job Title / Position:		Supervisors Name:	
Starting Salary:		Ending Salary:		Reason for Leaving:	
Description of Duties and Responsibilities:					

Employers Name:		Address:		Type of Business:	
Dates Employed: From: To:		Job Title / Position:		Supervisors Name:	
Starting Salary:		Ending Salary:		Reason for Leaving:	
Description of Duties and Responsibilities:					

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Description of Duties and Responsibilities:					

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Please give the names and addresses of three persons other than relatives, who have knowledge of your character, experience, or ability:

Name	Address	Occupation	Telephone Number

Have you ever been convicted of a felony or misdemeanor? () Yes () No

If YES, list all such offenses and state, name of court and disposition: _____

The information requested below is optional. It may be used for background checks, and will be used for maintaining personnel records for business and governmental reporting.

Marital Status () Single () Married		Number of dependents:
Date of Birth:	Place of birth:	
Sex () Male () Female	Name of Spouse:	

PLEASE READ THE FOLLOWING CAREFULLY:

I hereby declare that all information given is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any intentional misrepresentation on my part will constitute a release to the employer for any liability that he may encounter by having acted on such facts, and also constitutes grounds for my dismissal. I hereby authorize Drew Johnson D.C. to investigate the facts claimed by me.

Date

Signature of Applicant