

Live Proper Health Application

Full Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Social Security Number: _____ Drivers License: _____

Position you are seeking at Live Proper Health Center: _____

Do you have Reliable Transportation? Yes No

Have you been convicted of a crime in the last 10 years? Yes No

If yes, please explain: _____

Do you have Insurance? Yes No

If yes, please name Insurance company and Policy ID# _____

List your valid licenses in your professional field: _____ Expiration: _____

Are you currently practicing in your professional field?

If yes, Company Name: _____

Address: _____

Work Phone: _____ Dates: _____

List Previous Employment (Company, Job Description, and Dates Employed)

List 2 personal references (Names/Numbers/Relationships)

List 2 professional/client references (Names/Numbers)

How Did You Hear About Us? _____

Live Proper Health Application

Are you familiar with Chiropractic? _____

Would you be interested in other health oriented job opportunities offered at our health center?

Yes No

- Personal Trainer
- Health Coach (weight loss)
- Chiropractic Assistant
- Hike Guide
- Health Class Instructor
- Health Event Staff
- Children's Health Program Staff
- Health Seminar Presenter

Briefly describe the type of job you are looking for: _____

What are your work goals for the year? _____

What are your work goals for the next 5 years? _____

Any comments you would like to add: _____

Thank you for submitting your application to Live Proper Health Center