

# Contractor Application Form

Chiropractor



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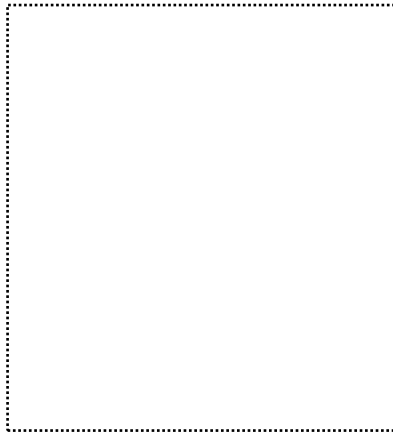
Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Best day/time to contact via mobile \_\_\_\_\_

**Please provide your best photo(s) here!**  
Action shots get bonus points!



### EMPLOYMENT HISTORY

*(last position first, please include volunteer work)*

COMPANY NAME AND ADDRESS	POSITION HELD	LENGTH OF EMPLOYMENT	FINISH DATE

### EDUCATION AND TRAINING

(Qualification details)

INSTITUTION NAME	QUALIFICATIONS / COURSES	DATE COMPLETED

### HEALTH and SAFETY

(Volunteering this information is optional).

Please describe any ailment or disability that may affect your work performance?

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### REFEREES

(The people listed below may be contacted to provide a reference for this application)

Please list at least two business / professional referees:

NAME	PHONE NUMBER	COMPANY NAME, ADDRESS & EMAIL	POSITION

### ADDITIONAL INFORMATION

1. What motivated you to become a Chiropractor?

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2. Please list any additional professional experience or skills that you have, which you believe would enhance what you have to offer for this position (e.g. marketing experience, public speaking).

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3. What areas of professional advancement are you interested in obtaining further skills?  
*(eg paediatrics, sports chiropractic)*

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4. Please list the chiropractic techniques in which you are proficient.

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5. Please list any other chiropractic techniques you are interested in learning.

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6. What are your expectations of this position?

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7. If you were successful in securing this position, when would you be available to start?

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8. How many hours per week are you willing to work?

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9. What is it about this position that appeals to you?

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10. In a few words, how would you describe yourself?

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11. Describe one obstacle, or great challenge, you have had to overcome in your life that has caused you to believe that you're a 'stayer'?

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12. How would you motivate a team?

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13. Based on what you have learned about us so far, what would you see as the greatest benefit for you to be employed at HealthGuard Wellness?

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The foregoing information is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach your Resume or CV to this application form**  
(if this has not been provided already)

**Thank you for taking the time to complete this application.**  
We endeavour to get back to you as promptly as we are able.