

Dear applicant,

First, let me thank you for taking the time to apply for employment with Irvine Spine & Wellness Center! We believe that our team is as strong as any in the health care industry and we look forward to considering you as an addition.

Our application and interview process begins with this initial interview email and the Application for employment. Below are a list of questions that we ask each applicant to answer. These questions give us a real chance to get to know who you are, what you want out of working with Irvine Spine & Wellness Center and what you expect. Please try to answer them as honestly as possible.

All applicant emails are strictly confidential. This "Irvine Spine & Wellness Center Interview Email" is to be used solely for that purpose and therefore we strictly prohibit the copying or distribution of any and all information in its contents.

Please copy and paste the forms below to the email [drs@ensurewellness.com](mailto:drs@ensurewellness.com) then answer them thoroughly. You are asked to refrain from calling Irvine Spine & Wellness Center to notify us that you have sent your email.

Again, I want to thank you for taking the time to apply with Irvine Spine & Wellness Center. I truly believe that our strongest asset is the men and women we have working with our team and we look forward to considering you as a valuable addition.

We will speak with you very soon.

Mamak Shakib, D.C.  
Irvine Spine & Wellness Center  
15375 Barranca Pkwy, Suite A-104  
Irvine, CA 92618  
949-552-5535

Initial Interview Questions- please answer all question completely and honestly. Please answer all questions in the space provided below.

- 1.) What are your responsibilities outside of work?
  
- 2.) Are you currently in school? If so what are your class hours?
  
- 3.) Are you currently employed elsewhere, what are your scheduled hours, and what are your job responsibilities?
  
- 4.) Do you have any customer service experience? Explain briefly.
  
- 5.) How did you hear about Irvine Spine & Wellness Center?

- 6.) Do you have any visible tattoos or body piercing?
- 7.) Have you ever worked in the health care industry before?
- 8.) Do you feel comfortable speaking face to face with customers and answering their questions?
- 9.) What do you consider your strongest attributes as an employee and as an individual?
- 10.) What is the most difficult situation you have had to deal with in a work environment?
- 11.) Why would you make a good employee at Irvine Spine & Wellness Center?
- 12.) What does your education experience consist of?
- 13.) Have you ever been terminated from a job and if so why?
- 14.) If you could be anything and work anywhere what would you do?
- 15.) Why do you want to work for Irvine Spine & Wellness Center and what are your personal employment goals?
- 16.) Where is your favorite place to hang out outside of work?
- 17.) What is your favorite activity outside of work?
- 18.) Are you more of a morning or evening person?
- 19.) Have you ever worked at a health care facility in the past? If so, where?

20.) What hours are you available to work? Are there any hours during the week or weekend you are unavailable to work? What would be your ideal schedule?

## APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
If any of your employment or education was under a different name, please indicate and provide the name.  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_  
Are you a U.S. citizen?  Yes  No If not, are you otherwise authorized to work in the U.S. without any restriction? \_\_\_\_\_  
Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No  
If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?  Yes  No

Please note that the employment record, education & training and references sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your resume, please be sure to provide that information in order to ensure your application materials will be considered.

### EDUCATION

School Name  
Location  
Years Attended  
Degree Received  
Major

Professional Organizations, Associations, Honors, Certifications, Professional Licenses and Publications you consider significant. Please indicate the professional license number and state of issuance.

\_\_\_\_\_

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

LANGUAGE ABILITY -- List those you could use in your work

English	Speak	Read	Write	Other	Speak	Read	Write	Other	Speak	Read	Write
<input type="checkbox"/>											

EMPLOYMENT HISTORY (Most Recent First)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
References \_\_\_\_\_

List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name/Title  
Mailing Address  
Phone

#### ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Applying for a specific job authorizes Irvine Spine & Wellness Center to contact any of your schools, your current\* and former employers, or other references for the purpose of verifying information and/or obtaining an account of your education, work experience and skills. By applying for a job you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that for some positions a more extensive background check is part of the employment decision making process and you will need to sign any necessary disclosure and release forms including, but not limited to, a "Disclosure and Release of Information Authorization" form as part of the hiring process.

(\* Please note that the point at which your prospective hiring supervisor will contact your employer may vary; however, this is most commonly done on a pre-employment basis usually after the initial interview. This practice is rarely performed on a pre-interview basis. If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exist.)

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date