## **APPLICATION FOR EMPLOYMENT**

POSITION: Place by a check by the position for which you are applying
\_\_\_THERAPIST \_\_PRP COUNSELOR \_\_NURSE PRACTITIONER \_\_REHABILITATION SPECIALIST \_\_OFFICE MANAGER \_\_
\_ADMINISTRATIVE/EXECUTIVE ASSISTANT \_\_OFFICE MANAGER \_\_ADMINISTRATOR \_\_INTERN \_\_OTHER:\_\_\_\_\_

Position Applying For:	Applicant Information						
Four Name:	Position Applying For:	Date:					
Four Name:	Type of Employment desired:  Full-Time Part-Time	e Temporary Seasonal Educational Co-op					
Address:    Start Authorises							
Phone:   City	_						
Phone: (	<del></del>	A - coder - cod/I laid III					
Phone: (	Street Address	Apartmenvunit #					
Are you able to meet the attendance requirement of the position?	City						
Email							
Desired Salary: Sala		ion? L YES L NO					
Are you a citizen of the United States?		Desired Salary: \$					
Have you ever worked for this company?							
Have you ever worked for this company?	Are you a citizen of the United States?						
Have you ever pled "guilty" or "no contest"   YES NO   If yes, to, or been convicted of a crime?   YES NO   If yes, when?							
to, or been convicted of a crime?							
No							
Flyou answered yes to either of the last two questions, please explain:    Company:							
Starting Salary:   Supervisor:   Superviso		when?					
Company:							
Company:							
Address:   Supervisor:   Sup	Employr	-					
Starting Salary:   Starting Sa	Company:	Phone: ( )					
Responsibilities:	Address:	Supervisor:					
Responsibilities:	Job Title: Starting	Salary: _\$ Ending Salary: _\$					
May we contact your previous supervisor for a reference?  Company: Address: Job Title: Starting Salary: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference?  Company: Address: Job Title: Starting Salary:  Reason for Leaving: YES NO  Phone: YES NO Supervisor: Supervisor: Supervisor: Supervisor: Supervisor:  From: To: Reason for Leaving: Starting Salary: From: To: Reason for Leaving: Supervisor: Supervisor: Supervisor: From: From: To: Reason for Leaving: Supervisor: From: To: Reason for Leaving: Supervisor: From: NO  Phone: Supervisor: Supervi	Responsibilities:						
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From: To: Reason for Leaving:		Salary. The clining Salary.					
YES NO	Responsibilities:						
	From: To: Reason for L						
	May we contact your previous supervisor for a reference?						

Skills and Qualifications  Summarize any training, skill, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:						
	Educ	ation				
High School:						
From: To:		YES NO	Degree:			
College:		VEQ. NO.				
From: To:	Did you graduate?	YES NO	Degree:			
Other:	Address:	YES NO				
From: To:	Did you graduate?		Degree:			
		ences				
Please list three professional reference Full Name:		Relationship:				
		-	Phone: (	)		
Address:						
Full Name: Company:		_	Phone: (	)		
Address:				,		
Full Name:		Relationship:				
Company:Address:			Phone: (	)		
Disclaimer and Signature						
I certify all information I have provided hereon in order to apply for and secure work is true, complete, and correct.						
I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employment and/or contract work whenever it is discovered.						
I expressly authorize, without reservation, for (hereinafter referred to as the "Organization") its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding this organization, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.						
I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from Organization and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.						
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and Organization reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.						
I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.						
DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE APPLICANT STATEMENT.  I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement						
Signature of Applicant:				Date:		