

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: _____

Applicant Information

Position Applying For: _____ Date: _____

Type of Employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Full Name: _____ Social Security #: _____ / _____ / _____

Address: _____ _____
Last First M.I.

_____ _____
Street Address Apartment/Unit #

_____ _____
City State ZIP Code

Phone: () _____ Cell Phone: () _____

Are you able to meet the attendance requirement of the position? YES NO

Date Available: _____ Email Address: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, when? _____

If you answered yes to either of the last two questions, please explain:

Employment History

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

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: _____