

EMPLOYMENT APPLICATION

Please complete the entire application.

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2. Applicant Information

Employer: MBA Professional Recruiting LLC

Address: 17111 58th Ave NW

City/State/ZIP/Country: Stanwood, Washington 98292-5621, USA

Telephone: +1 425-231-9799

Email Address: customerservice@mbapr23.com

It is the policy of MBA Professional Recruiter LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

5.	Country of Birth:			
6.	Nationality:			
7.	Marital Status:			
	Single:	Married:	Widow /er:	_
	Annulled:	Divorced:	Legally Separated:	
8.	Emergency Contact			
	Who should be cont	acted if you are ir	nvolved in an emergency	?
	Contact Name:	First Name	Middle Name	Last Name
	Relationship to you:	:		
	-	-	Evening phone:	
			Lvening phone	
9.	Job Position Applie			
			Therapist:	
	Occupational Thera	pist:		
10.	Salary Desired: \$	per	(Hour)	
11.	Who referred you to	our company? _		
			who work here? If yes, pl	
12.	Have you applied to			
	Yes	No		
	If "Ves" when?			

13. Are you at least 18 years old?
Yes No
14. Are you willing to work any shift, including nights and weekends?
Yes No
If "No", please state any limitations:
15. If applicable, are you available to work overtime?
Yes No
16. If accepted, are you able to submit proof that you are legally eligible for employment in the United States?
Yes No
17. Have you, or another company on your behalf, submitted an application for EB3 Visa?
Yes No
If "Yes", please state any the date, name of company (if applicable), date the application was submitted, and current status:
18. Have you previously applied for a Visa to the USA?
Yes No
19. If you answered "Yes" for 18. above, was your Visa application approved?
Yes No
If "Yes", please provide the type of Visa and when it was issued:
If "No", please provide the reason given for not approving the Visa application:

20.	20. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?						
	Yes No						
	If "Yes", what reasonable accomm	nodation would you request?					
21.	Have you ever been convicted in a administrative body?	final judgement by any cou	rt, military tribunal, or				
	Yes No (If "Yes")	provide a copy of the decision	on.)				
22.	Applicant's Skills						
	Check those skills that you have. I are seeking. Enter the number of y corresponds to your ability for each five represents exceptional ability.	ears of experience and circle h particular skill. (One repre	e the number which				
	Ability or Skill	Years of Experience	Rating				
	[] Typing		1 2 3 4 5				
	[] Answering telephones		1 2 3 4 5				
	[] Filing of medical records		1 2 3 4 5				
	[] Customer service		1 2 3 4 5				

23. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:			
Supervisor Name:			
		Middle Name	
Address:			
City/Province/ZIP/Cou	ıntry:		
Dates of Employment:			
	From:	To: _	
		MM/YYYY	MM/YYYY
Employer Name:			
Supervisor Name:			
	First Name	Middle Name	Last Name
Address:			
City/Province/ZIP/Cou	ıntry:		
Reason for Leaving: _			
Dates of Employment:			
	From:	To: _	
		MM/YYYY	MM/YYYY

	First Name	Midd	le Name	Last Name
Address:				
City/Province/ZIF	P/Country:			
Job Duties:				
Reason for Leavii	ng:			
Dates of Employn	nent:			
	From:		To:	
	M	M/YYYY	ľ	MM/YYYY
Ü	y Name and Addre			
Did you receive a	degree? Y	es No		
Did you receive a If "Yes", degree(s		es No		
Did you receive a If "Yes", degree(s) Date degree(s) rec	degree? Y s) received:	Yes No		
Did you receive a If "Yes", degree(s) Date degree(s) rec High School/GED	degree?Y s) received: ceived:	YYY SSS		

Please in	ndicate any curre	nt professional license	es or certifications that	at you hold
Awards	, Honors, Special	Achievements:		
25. Referen	ces			
List any	two non-relative	es who would be willing	ng to provide a refere	nce for you
Name: _	First Name	Middle Name	Last Name	
Address	S:			_
		try:		
Telepho	one:			
Email A	Address:			
Relation	nship:			
Name: _		Middle Name		
Address	S:			-
City/Pro	ovince/ZIP/Count	try:		
Telepho	one:			
Email A	Address:			
Relation	nship:			

whether	you are bou	ınd by any	y agreeme	ent with ar	y current	employer:	

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize MBA Professional Recruiter LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of MBA Professional Recruiter LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE	DATE