



EmpirePediatric Therapy

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 North: 1117 E Westview Ct
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 (509) 701-7651
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www.EmpirePediatricTherapy.com
office@EmpirePediatricTherapy.com

Personal Information

Last Name	First Name	MI		
Address		City	State	ZIP
How did you hear of job opening?			Cell Phone	

Position Desired

Specific position applied for:		Pay Expected		
Date Available	Location Desired:	Full Time	Part Time	

License and Certification

Type	State	Date Recived	Last Renewal	Board Cert Date

Education

Are you currently attending school?		Course of Study?		
High School	Graduate __ Yes __ No	Degree		
College	Graduate __ Yes __ No	Degree		
Graduate School	Graduate __ Yes __ No	Degree		

EMPLOYMENT HISTORY

Provide the following information from your past and current employers, assignments or volunteer activities - starting with the **most recent** (use additional sheets if necessary).

EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
ADDRESS			
TYPE OF WORK		STARTING/ENDING PAY RATE	
IMMEDIATE SUPERVISOR/TITLE TELEPHONE NUMBER			
May we contact for Reference? Yes _____ No _____			

EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
ADDRESS			
TYPE OF WORK		STARTING/ENDING PAY RATE	
IMMEDIATE SUPERVISOR/TITLE TELEPHONE NUMBER			
May we contact for Reference? Yes _____ No _____			

EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
ADDRESS			
TYPE OF WORK		STARTING/ENDING PAY RATE	
IMMEDIATE SUPERVISOR/TITLE TELEPHONE NUMBER			
May we contact for Reference? Yes _____ No _____			

REFERENCES

Give the name of three business/work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references who are not related to you.

Name	City/State	Telephone	Yrs Acquainted

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer 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 understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. In consideration of my employment, I agree to conform to Empire's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by Empire.

I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Signature/Date