

# Absolute Therapy, LLC

## Job Application

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

### EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?  YES  NO\*

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY I CONTACT THIS EMPLOYER? \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY I CONTACT THIS EMPLOYER? \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY I CONTACT THIS EMPLOYER? \_\_\_\_\_

<b>REFERENCES</b> (PROFESSIONAL ONLY)
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**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MILITARY SERVICE

ARE YOU A VETERAN?  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

### BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?  YES  NO

### DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. **In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.**

Please complete each section and attach your resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_