

# APPLICATION FOR EMPLOYMENT



**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## INSTRUCTIONS TO APPLICANT:

Please type or print legibly in ink all information expect signature. Incomplete applications shall not be accepted. Application must have all sections complete and the form signed by the applicant. An application must be completed for each vacancy. A resume may be attached but not substituted for completing the application. Information contained in this application will only be used for employment reasons. Thank you for your interest in The Therapy Place.

## PERSONAL DATA

NAME (Last, First, MI): _____		
MAILING ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE #: _____	WORK PHONE #: _____	MAY WE CALL YOU AT WORK: _____
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO		
HAVE YOU BEEN CONVICTED OR PLED NO CONTEST OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS (I.E. PARKING TICKET)? YES NO		
**IF YES: CHARGES: _____		
WHERE CONVICTED	DATE	DISPOSITION/STATUS
_____	_____	_____

\*\*NOTE: CRIMINAL OFFENSES INCLUDE FELONIES, MISDEMEANORS AND SUMMARY OFFENSES. EXAMPLES: DRIVING UNDER THE INFLUENCE OF INTOXICATING BEVERAGES, DRUGS, FRAUDULENT OR BAD CHECKS, DISTURBING THE PEACE, LEAVING THE SCENE OF AN ACCIDENT, ROBBERY, ETC. OMIT MINOR VEHICLE VIOLATIONS AND ANY OFFENSE COMMITTED BEFORE YOUR 17<sup>TH</sup> BIRTHDAY, WHICH WAS FINALLY ADJUDICATED IN JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW. CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. HOWEVER, THE NATURE, SEVERITY AND DATE OF THE OFFENSE (S) IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED. FAILURE TO ACCURATELY REPORT OFFENSES WILL BE CONSIDERED FALSIFYING INFORMATION BY THE THERAPY PLACE AND GROUNDS FOR IMMEDIATE DISQUALIFICATION FROM EMPLOYMENT, AND/OR IMMEDIATE TERMINATION.

## EDUCATION

Starting with High School, provide **COMPLETE** information on all schools attended, including special courses or schools.

	School/Institution and Location	Major/Minor Subject Areas	Graduate	Degree/Diploma
High School or Equivalent			Yes No	
College/University			Yes No	
College/University			Yes No	
College/University			Yes No	
Technical School			Yes No	

## SKILLS

DO YOU HAVE PERSONAL COMPUTER/SOFTWARE SKILLS?	YES	NO
DO YOU HAVE WORD PROCESSING SKILLS?	YES	NO
DO YOU HAVE DATA ENTRY SKILLS?	YES	NO
DO YOU HAVE SUPERVISORY EXPERIENCE/TRAINING?	YES	NO
DO YOU HAVE TECHNICAL EXPERIENCE/TRAINING?	YES	NO
DO YOU HAVE MILITARY EXPERIENCE/TRAINING?	YES	NO

LIST ANY EQUIPMENT, SOFTWARE OR MACHINES, WITH WHICH YOU ARE PROFICIENT, RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:


LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS:

TYPE	LICENSE NUMBER	DATE OF CERTIFICATION

Include license number and date of certification.

## EMPLOYMENT DATA

TYPE OF EMPLOYMENT YOU WILL ACCEPT:	FULL-TIME	PART-TIME
WILL YOU ACCEPT A POSITION WITH VARYING SHIFTS?	YES	NO
IF NO, LIST HOURS PREFERRED:	_____	
MINIMUM SALARY YOU WILL ACCEPT:	PER	_____
EARLIEST DATE YOU COULD BEGIN WORK:	_____	

### EMPLOYMENT RECORD

List ALL work history starting with your present or last position. List any self-employment, temporary, and military jobs. Account for ALL periods of unemployment. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name and social security number on each sheet.

**DO NOT SUBSTITUTE A RESUME FOR AN APPLICATION.**

1. Title of present or recent position \_\_\_\_\_ From Month \_\_\_\_ Year \_\_\_\_ To Month \_\_\_\_ Year \_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week \_\_\_\_\_ Salary (weekly, monthly, Annual) \_\_\_\_\_

Name on Employment Record if different from present name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

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2. Title of present or recent position \_\_\_\_\_ From Month \_\_\_\_ Year \_\_\_\_ To Month \_\_\_\_ Year \_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week \_\_\_\_\_ Salary (weekly, monthly, Annual) \_\_\_\_\_

Name on Employment Record if different from present name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

## EMPLOYMENT RECORD (continued)

3. Title of present or recent position \_\_\_\_\_ From Month\_\_\_\_ Year\_\_\_\_ To Month\_\_\_\_ Year\_\_\_\_

Employer\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Supervisor's Name\_\_\_\_\_ Title\_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week\_\_\_\_\_ Salary (weekly, monthly, Annual)\_\_\_\_\_

Name on Employment Record if different from present name\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

Duties\_\_\_\_\_

4. Title of present or recent position \_\_\_\_\_ From Month\_\_\_\_ Year\_\_\_\_ To Month\_\_\_\_ Year\_\_\_\_

Employer\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Supervisor's Name\_\_\_\_\_ Title\_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week\_\_\_\_\_ Salary (weekly, monthly, Annual)\_\_\_\_\_

Name on Employment Record if different from present name\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

Duties\_\_\_\_\_

### PERSONAL REFERENCES

**Give name and addresses of three people, not relatives, who are familiar with your work.**

Name	Address	Phone Number

Have you ever been asked or forced to resign or fired from any job?	Yes	No	
If yes, what position and reason, please explain: _____			

## APPLICANT CERTIFICATION

I affirm, agree and/or understand all information provided in this application is true and accurate; and any misrepresentation or omission of facts may result in exclusion from consideration of employment and/or, if hired, immediate termination of employment. If I have requested that my present employer not be contacted, I understand a formal offer of employment may be contingent upon information and verification of other former employers and references provided.

I understand and acknowledge that a formal offer of employment will be based upon the satisfactory results of the following: my employment and reference checks; verification of credential(s), educational degrees and professional licensure(s); and criminal background check. *\*If I will be working with billing and office administration, I must have a satisfactory result on a credit check.*

By signing below, the Therapy Place has my permission to use information I have provided in this application to conduct employment verification; credential, education and licensure verifications; reference checks and a criminal background check (and a credit check, if applicable).

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Therapy Place, Inc. is sensitive to the needs of qualified applicants and employees with disabilities. The Therapy Place, Inc. is also willing to make reasonable accommodations to assist such applicant and employee.

## EEO STATEMENT

The Therapy Place, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, military status, religion, sex, gender orientation, national origin, age, disability, or other status protected by State and Federal laws.