



Employment Application

Applicant Information

Full Name: Last First M.I. Date: / /

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Mobile Phone:

Email: Social Security No.: Drivers License No.:

Position Applied for: Date Available:

Are you authorized to work in the U.S.? YES NO
Have you ever worked for Therapy Staff? YES NO If so, when?
Have you ever been convicted of a felony? YES NO If yes, explain:
Emergency Contact: Emergency Contact No.:

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:

### Previous Employment

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

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

### Availability

How did you hear about Therapy Staff? \_\_\_\_\_

What type of placement are you looking for at a facility? Please check all that apply.

Contract  Career  Temporary  Other: \_\_\_\_\_

Will you be employed with anyone else in addition to Therapy Staff, Inc.?  Yes  No

What type of notice do you require to work at an assignment?  Same Day  1 day  Other: \_\_\_\_\_

What amount of hours do you prefer to work per assignment?  Flexible  8 Hours  Other: \_\_\_\_\_

### Availability (Cont.)

Please fill in your availability below:

Day of the week:	Available or Unavailable	Number of Hours Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Disclaimer and Signature

*I authorize investigation of all statements contained herein and the references listed including investigations of statements concerning my previous employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, false and misleading statements on this or any other company document shall result in immediate dismissal, regardless of the date the false or misleading statement is discovered.*

*If requested, I agree to submit to a drug and alcohol screening test as a precondition to employment with Therapy Staff, Inc. or its subsidiaries and understand that I will not be hired if I test positively for alcohol or an illegal controlled substance, unless that substance is present due to a legitimate and verifiable prescription. I understand that the use of any drug or alcohol during working hours or an appearance at work under the influence of any drug or alcohol will result in immediate termination. I also understand that a refusal to submit to a drug and/or alcohol test at the request of my employer will result in immediate termination unless a legitimate and verifiable reason is given.*

*I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_