



APPLICATION FOR EMPLOYMENT

Personal Information

Applicant Name: _____ Date: _____
(Last) (First) (MI)

Current Address: _____
(Street) (City) (State) (Zip)

Best Contact Number: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Discipline: PT PTA OT COTA SLP Other _____

NPI: _____

Licensure

License Type: _____ License #: _____ State: _____ Exp Date: _____

Additional Licenses or specialties or certifications:

Employment Eligibility

Are you legally eligible for employment for any employer in the United States? Yes No

Have you ever worked for this company before? If yes, when? _____ Yes No

Do you have any relatives presently employed with this company? Who: _____ Yes No

Have you ever been convicted of, or pled guilty to, a criminal offense (misdemeanor or felony)?

If yes, fully explain with date(s): _____ Yes No

Education History

TYPE	SCHOOL NAME AND LOCATION	# YEARS ATTENDED	DIPLOMA/DEGREE EARNED
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College			
Grad School			
Other School			



Employment History

Please provide all employment history over the past 5 years beginning with the most recent. Please complete all blanks if possible.

Are you currently employed? Yes No

Facility/ Employer: _____ Dept. or Location: _____

City: _____ State: _____ Zip: _____

Supervisor's Name & Title: _____ Supervisor phone: _____

Dates employed: From _____ to _____ Position: _____

Ending Salary: _____ Other Comments: _____

Reason for leaving: _____

Facility/ Employer: _____ Dept. or Location: _____

City: _____ State: _____ Zip: _____

Supervisor's Name & Title: _____ Supervisor phone: _____

Dates employed: From _____ to _____ Position: _____

Ending Salary: _____ Other Comments: _____

Reason for leaving: _____

Facility/ Employer: _____ Dept. or Location: _____

City: _____ State: _____ Zip: _____

Supervisor's Name & Title: _____ Supervisor phone: _____

Dates employed: From _____ to _____ Position: _____

Ending Salary: _____ Other Comments: _____

Reason for leaving: _____

Employee Authorization and Release

I, the undersigned, attest that I am the applicant and the information provided in this application is complete and accurate, without omissions, to the best of my knowledge. Providing inaccurate information may be a violation of state or federal law(s) and could result in penalties. Furthermore, incomplete or inaccurate information may result in disqualification from further consideration for employment. I authorize this company to obtain information from my current and previous employers and authorize the release of information in support of my application (application, references, background check results, etc.) to company affiliates, governmental or licensing entities for the sole purpose of accreditation, procedural, and regulatory processes. I understand that this company, or its affiliates, may require background checks and or drug screens on a period basis and I consent to these checks as a requirement of employment. If accepted for employment, I hereby agree to abide by the rules and policies of this company and any other agency this company is contracted to provides services for. I acknowledge that there is not specified length of employment and that this application does not constitute an agreement or contract for employment. I or the company I am applying to work for may terminate the relationship at-will, with or without cause, at any time.

Applicant Signature: _____ **Date:** _____