

APPLICATION FOR EMPLOYMENT
Position applying for:

EMPLOYMENT INFORMATION

Last Name	First Name	Middle Name

SSN:	DOB:

Phone:	Alternate Phone::

Address:	Email:

Are you able to perform essential functions of the job with or without accommodations?	Yes	No
If no, please explain:		

Are you legally eligible for employment in the U.S.?	Yes	No

If necessary are you able to work overtime?	Yes	No

Can you provide a valid Driver's License?	Yes	No	Have you ever been convicted of a felony?	Yes	No

Are you seeking full-time, part-time or PRN?	

Hours of Availability:

Sun:	Mon:	Tue:	Wed:	Thur:	Fri:	Sat:

EMPLOYMENT HISTORY

<p>Employer name and address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Position title/duties, skills:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor: _____ Phone: _____</p>	<p>Start date:</p> <p>End date:</p> <p>Reason for leaving:</p> <p>Pay: \$</p> <p>Per:</p>
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EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or degree
High School				
College/ University				
Business/Tech.				
Additional				

MILITARY

Are you a veteran?

Yes No	Duty/specialized training:
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SKILLS AND QUALIFICATIONS

Other qualifications such as special skills, abilities, or honors that should be considered:

Professional licenses, certifications, or registrations:

REFERENCES

List two personal references who are not relatives or former supervisors.

Name _____ Address _____

Telephone _____ Occupation _____ Years Known _____

Name _____ Address _____

Telephone _____ Occupation _____ Years Known _____

EMERGENCY CONTACT

In case of accident or illness, please contact:

Name:	
Phone:	Alternate Phone:
Address:	
Relationship:	

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references will be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and a drug test, or sign a conflict of interest agreement and abide by its terms. By signing below, you give Action Therapy Group LLC your permission to run all applicable background and credit checks necessary. I understand and agree to the information shown above and agree that all the above information is true and correct.

Signature of Applicant: _____ Date: _____

Once completed, you may email or fax to:

email: hr@actiontherapygroup.com

Fax: (850) 204-0489