

Employment Application

Applicant Information

Full Name: First Middle Last Date:

Address: Street Address Apartment/Unit #

City: State: Zip Code:

Cell Phone: Email:

Are You a U.S Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever received a complaint against, or sanction on, your professional license? Yes No

If Yes; Please Explain:

Education (most recent first)

School/College/University Name	Location	From (MM/YYYY)	To (MM/YYYY)	Degree Received	Majors

Other trainings, certifications or licenses held?

Previous Employment (most recent first)

Employer Name: Contact #

Address:

Supervisor Name and Title:

Position Held: From: To:

Starting Hourly Wage \$ Ending Hourly Wage \$

Responsibilities:

Reason for leaving:

May we contact them? Yes No

Employer Name: Contact #

Address:

Supervisor Name and Title:

Position Held: From: To:

Starting Hourly Wage \$ Ending Hourly Wage \$

Responsibilities:

Reason for leaving:

May we contact them? Yes No

Previous Employment (Continued)

Employer Name: Contact #
Address:
Supervisor Name and Title:
Position Held: From: To:
Starting Hourly Wage \$ Ending Hourly Wage \$
Responsibilities:
Reason for leaving:
May we contact them? Yes No

References (3 professional references required)

Full Name: Relationship:
Occupation: Company:
Address:
Cell Phone: Email:

Full Name: Relationship:
Occupation: Company:
Address:
Cell Phone: Email:

Full Name: Relationship:
Occupation: Company:
Address:
Cell Phone: Email:

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I authorize Therapy OPS, PLLC to obtain and review professional and criminal records and dispositions as part of their background investigation of my suitability for affiliation.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Type Full Name

Date