

# Employment Application

## Applicant Information

Date:

Full Name: *First*  *Middle*  *Last*  DOB:   
 Address:  *Apartment/Unit #*   
 City:  State:  Zip Code:   
 Cell Phone:  Email:  Social Security Number:

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 *If Yes; Please Explain:*

Have you ever received a complaint against, or sanction on, your professional license?  Yes  No *If Yes; Please Explain:*

Which position are you applying for?  Desired Salary:  Per  (hour/unit)

## 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:

Cell Phone:  Email:

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Full Name:  Relationship:

Occupation:  Company:

Cell Phone:  Email:

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Full Name:  Relationship:

Occupation:  Company:

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.