

Professional Therapies, Inc.



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Professional Therapies, Inc. is proud to be an equal opportunity employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Professional Therapies, Inc. will be based on each individual's merit, qualifications and demonstrated abilities. In compliance with Title VII of the 1964 Civil Rights Act, and other applicable federal and state statutes, Professional Therapies, Inc. does not discriminate in employment practices on the basis of race, color, religion, sex, national origin, ethnicity, age, disability, veteran status or any other characteristic protected by law.

Date of Application _____ **Clinic Location** _____

Personal Information

Name _____			
_____	_____	_____	_____
First	Middle	Last	
Social Security Number _____			
Address _____			

Phone _____			
_____		_____	
Home		Office	

Employment Information

What position are you applying for? _____
Date you can start _____ Salary Desired _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to Professional Therapies, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____ When? _____
Have you had your driver's license revoked or suspended in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____
Have you worked for any firm under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name _____
Would you take a physical examination/drug test if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Education

Name/Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied or Degree/Certificate Received
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subject of Special Study or Research Work: _____

Job Related Skills (computer, typing, etc.) _____

Employment

Please begin with your most recent position

Dates of Employment	Name of Employer	Address and Phone Number Name of Supervisor	Position	Salary	Reason for Leaving
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	

Professional Information (Therapists)

Current Professional License Number _____ Professional Certificate Number _____ State of Licensure _____ Your Name as it Appears on License or Certificate _____
