



Associates in Pediatric Therapy™
Advancing Patients to Their Next Therapeutic Level



APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available				Hours Available				Desired Salary					
Position Applied for													
Are you legally eligible to work in the US? (If yes, proof will be required at hire)				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you willing to take a drug & alcohol screening?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever pleaded "guilty" or "no contest" or been convicted of a crime?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when and for what?					
Will you work overtime is necessary?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain					
EDUCATION													
High School				City, State									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				City, State									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				City, State									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other Specialized Skills													
PREVIOUS EMPLOYMENT													
Company						Phone							
Address						Supervisor							
Job Title				Starting Salary \$				Ending Salary \$					
Responsibilities													
From				To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Company						Phone							

Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES KNOWN AT LEAST TWO YEARS – NO RELATIVES

Name	Relationship	Contact Number
Name	Relationship	Contact Number
Name	Relationship	Contact Number

LICENSE AND CERTIFICATION

License Type	License # & State	Expiration Date
Certification Type	Certification Number	Expiration Date
Certification Type	Certification Number	Expiration Date

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and authorize references to give you any and all information concerning my Previous employment or any other pertinent information they may have, personal or otherwise. I release the Company from all liability for any damages that may result from utilization of such information (excluding medical, ADA or other relevant federal and state laws.)

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date