



# Application for Employment

An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department.

**Please answer all questions. Résumés are not accepted in lieu of completion of this application.**

**Note:** This application was designed to use with several types of job positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_

Have you ever been convicted of, or pled guilty, no contest, or *nolo contendere* to a crime?  Yes  No

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If Yes to either question as to crimes, give details as to the type of crime, the date of conviction and penalty imposed. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

### EDUCATIONAL DATA

School	Print Name, City, and State of each School	# of Years	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Correspondence, or Business				
Other				

Other skills: List any other job-related skills or qualifications that support your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

List all jobs for the past ten years with the most recent job listed first. Account for all time periods including unemployment, self-employment, and military service. (Attach separate paper[s] if necessary.)

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	

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Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	

In order to check your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If Yes, please identify the names. \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? Yes No If yes, please explain.  
\_\_\_\_\_

Have you ever been disciplined or fired for insubordination? Yes No If yes, please explain.  
\_\_\_\_\_

Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any hours, shifts or days you will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain: _____
Date Available for Work: _____	

Do you have any friends or relatives who work here? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Relationship _____
Name _____ Relationship _____

<b>IN CASE OF EMERGENCY, NOTIFY:</b>		
_____	_____	_____
Name	Phone Number	Relationship

**CHARACTER REFERENCES:**

List three persons not related to you, whom you have known at least one year.

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks that you wish to have considered as part of your application for employment.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before? Yes No If Yes, give dates: \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give Florida Therapy Services, Inc. permission to contact schools, previous employers, references, and others, and hereby release Florida Therapy Services, Inc. from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Florida Therapy Services, Inc. policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other employment.

I understand that my employment with Florida Therapy Services, Inc. is for no specific term and may be terminated by me or Florida Therapy Services, Inc. with or without notice or cause at any time. I further understand that no oral promise, Florida Therapy Services, Inc. policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and Florida Therapy Services, Inc.

I understand that I may be required to undergo a background screening and receive clearance through the following: Fingerprinting (FDLE and FBI), local law enforcement and Affidavit of Good Moral Character. Failure to pass these screenings would result in immediate termination.

The contents of Florida Therapy Services, Inc.'s employee handbook or personnel manuals, as well as other Florida Therapy Services, Inc. policies and practices, are subject to change or modification by Florida Therapy Services, Inc. , solely at its discretion, without notice. I also understand that no supervisor or other official of Florida Therapy Services, Inc. (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Florida Therapy Services, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, gender, religion, national origin, disability or marital status. We assure you that your opportunity for employment with Florida Therapy Services, Inc. depends solely upon your qualifications.