



# 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 applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City                      State                      Zipcode

Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Have you even been convicted of, or plead guilty, no contest or nolo contendere to a crime?  Yes  No

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

If yes, to either of the above questions as to crimes, give details as to the type of crime, the date of conviction and penalty impose. (Attach a separate paper if necessary.) a conviction will not necessarily disqualify you from employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education 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 seven (7) 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.)

<small>MM/YYYY</small>	<small>MM/YYYY</small>			
From	To	Employer	Telephone	
Job Title		Address	City	State Zip
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities		
Hourly Rate/Salary		Reason for Leaving		

<small>MM/YYYY</small>	<small>MM/YYYY</small>			
From	To	Employer	Telephone	
Job Title		Address	City	State Zip
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities		
Hourly Rate/Salary		Reason for Leaving		

<small>MM/YYYY</small>	<small>MM/YYYY</small>			
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<small>MM/YYYY</small>	<small>MM/YYYY</small>			
From	To	Employer	Telephone	
Job Title		Address	City	State Zip
Immediate Supervisor & Title		Summarize the Nature of Work Performed and Job Responsibilities		
Hourly Rate/Salary		Reason for Leaving		

**Provide an explanation for all gaps in employment history.**

From	mm/yyyy	To	mm/yyyy	Explanation
_____		_____		_____
_____		_____		_____

In order to check your work and educational records, should we be made aware of any changes of name or assumed names that you previously used?  Yes  No

If Yes, please identify the names: \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If Yes, please identify dates: \_\_\_\_\_

Do you have reliable transportation to work?  Yes  No

Will you work overtime, if asked?  Yes  No

Are there any hours, shifts or days you will not work?  Yes  No

If yes, please explain: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you currently possess the required documents to work in the U.S.?  Yes  No

Proof will be required upon employment.

If you are available, what other locations would you be interested working?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipley	Marianna	Panama City	Pensacola	Tallahassee

Do you have any friends or relatives who work here?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**CHARACTER REFERENCES**

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

Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. 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 prior notice.

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 as required by governing agencies. I hereby release Florida Therapy Services, Inc. from any liability as a result of such contact.

I understand that while Florida Therapy Services, Inc. makes every effort to provide steady, continuous work, I am not guaranteed the permanence of any position. 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 will be required to undergo a background screening and receive clearance through the following agencies: Fingerprinting (FDLE and FBI), Agency for Health Care Administration, state and local law enforcement. Failure to pass these screenings could result in immediate termination.

The contents of Florida Therapy Services, Inc. employee handbook, personnel manuals, as well as other 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, religion, sex (including pregnancy, gender identity, genetic information and sexual orientation), national origin, age, disability, veteran status, or any other legally protected status.