

Preferred Therapy Services Employment Application

Personal Information

Name (Last, First, MI)

Date:

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Social security number

Driver's license number/state/expiration

Are you: (Please check one)

- Registered Nurse
 Licensed Practical Nurse

- Physical Therapist*
 Speech Language Pathologist
 Occupational Therapist

Availability: (Please check one)

- F/T P/T Weekends Days

Population Serviced (Please check one)

- Pediatric Geriatric MR/DD Adults Other: _____

Skills

- | | | | |
|---|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Med/Surg. | <input type="checkbox"/> IVPICC | <input type="checkbox"/> Home Care | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> CCUO R. | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> ICUE R. |
| <input type="checkbox"/> Vents | <input type="checkbox"/> Oncology | <input type="checkbox"/> NICU | <input type="checkbox"/> Teaching HHA's |
- CPR Certified** No Yes Expiration:

Languages Spoken:

Personal Liability Insurance Carrier & Policy #:

Employment Desired

Position applied for:

How did you hear about this position?

Date available for work	Desired hours (full time, part time, etc.)	Desired Salary
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Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position:

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Employment History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
Reason(s) for leaving				
What value did you add to this company or its customers?				
.....				
.....				

2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
What value did you add to this company or its customers?				

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
What value did you add to this company or its customers?				

4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.

Phone number			3.
Fax number	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
 If Yes, when? -----

Do you have any friends or relatives employed by this company? Yes No
 If Yes, please provide their names and relationship to you: -----

Are you currently employed? Yes No
 May we contact your employer? Yes No
 Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain: -----		
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence “(DUI)”	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the following instructions before responding.

- Do not provide information concerning:
- (1) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. or;
 - (2) any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed.

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
<hr/>		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
<hr/>		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

Emergency Contact Name:

Emergency Contact Phone #:

Relationship:

PLEASE USE ADDITIONAL PAPER IF NECESSARY

I attest that the information submitted in this application to be true and accurate

Signature: _____