



Employment Application

Applicant Information

Full Name: _____ Date: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Mobile Phone: _____

Email: _____ Social Security No.: _____ Drivers License No.: _____

Position Applied for: _____ Date Available: _____

Are you authorized to work in the U.S.? YES NO
 Have you ever worked for Therapy Management? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Emergency Contact: _____ Emergency Contact No: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Availability

How did you hear about Therapy Management? _____

What type of placement are you looking for at a facility? Please check all that apply.

Contract Career Temporary Other: _____

Will you be employed with anyone else in addition to Therapy Management? Yes No

What type of notice do you require to work at an assignment? Same Day 1 day Other: _____

What amount of hours do you prefer to work per assignment? Flexible 8 Hours Other: _____

Availability (Cont.)

Please fill in your availability below:

Day of the week:	Available or Unavailable	Number of Hours Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Disclaimer and Signature

I authorize investigation of all statements contained herein and the references listed including investigations of statements concerning my previous employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, false and misleading statements on this or any other company document shall result in immediate dismissal, regardless of the date the false or misleading statement is discovered.

If requested, I agree to submit to a drug and alcohol screening test as a precondition to employment with Therapy Management, Inc. or its subsidiaries and understand that I will not be hired if I test positively for alcohol or an illegal controlled substance, unless that substance is present due to a legitimate and verifiable prescription. I understand that the use of any drug or alcohol during working hours or an appearance at work under the influence of any drug or alcohol will result in immediate termination. I also understand that a refusal to submit to a drug and/or alcohol test at the request of my employer will result in immediate termination unless a legitimate and verifiable reason is given.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature: _____ Date: _____