

THE THERAPY ADVANTAGE

Providing Excellence in Physical, Occupational & Speech Therapy

Columbus: Newark: Cincinnati:

Toll Free: 800-515-0406 • www.THERAPYADVANTAGEINC.com

EMPLOYEE APPLICATION

Personal Information

Hire Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work): _____

(Fax): _____ (Cell): _____

Discipline: _____

Applying for: **Part-time** **Full-time** **PRN** Available hours per week: _____

Expected pay rate per visit: _____ Email: _____

Date you can start: _____ Are you legally authorized to work in US? _____

Emergency contact: _____ Number: _____

Work History

Current Employer: _____

Address: _____ Telephone: _____

Current Salary: _____ Start Date: _____ End Date: _____

Position: _____ Supervisor: _____

Can we contact your current employer as a reference? Yes No

Previous Employer: _____

Address: _____ Telephone: _____

Ending Salary: _____ Start Date: _____ End Date: _____

Position: _____ Supervisor: _____

Reason for Leaving _____

Can we contact your previous employer as a reference? **Yes** **No**

Education

College _____ Degree _____

Special Skills/ Training _____

References *(Please list two professional references)*

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____

Miscellaneous

Do you have a current valid Drivers License? **Yes** **No** Valid car insurance? **Yes** **No**

Drivers License Number: _____ State: _____

Have you ever been arrested or convicted of a crime, other than a traffic offense? **Yes** **No**

If yes, please explain to include date, state and outcome: _____

Do you have Professional Liability Insurance? **Yes** **No**

If yes, Insurance Company and Policy Number: _____

Discipline: _____ License Number: _____ Expiration: _____

CPR Certified? **Yes** **No** Expiration: _____

Tuberculosis Test: **Yes** **No** Expiration: _____

Hepatitis B Vaccination? **Yes** **No**

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

Date _____ Signature _____