

Personalized Therapy, LLC

Occupational & Physical Therapy for Children & Adults

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

NAME _____
Last First Middle Initial

ADDRESS _____
Number & Street City State Zip Code

PREVIOUS ADDRESS (If at current less than 3 years) _____

TELEPHONE _____
Residence Business

SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

DRIVER'S LICENSE NUMBER _____ STATE _____

LICENSE EXPIRATION DATE _____

WORK ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES _____ NO _____

ARE YOU OF LEGAL AGE TO WORK? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY? YES _____ NO _____

(Conviction will not necessarily disqualify applicant from employment.)

22593 THREE NOTCH ROAD • CALIFORNIA, MD • 20619
PHONE: 301.862.2505 • FAX: 301.862.2548

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IF YES, PLEASE EXPLAIN:

POSITION INFORMATION

POSITION(S) APPLIED FOR _____

SALARY DESIRED _____ DATE AVAILABLE FOR WORK _____

POSITION INTEREST: Regular _____ Temporary _____ Full Time _____ Part Time _____

REFERRAL SOURCE: Advertisement _____ Employee Referral _____ Search Firm _____
Website _____ Other (specify) _____

EDUCATION

HIGH SCHOOL

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR COMPLETED	9	10	11	12	DID YOU GRADUATE?	YES	NO
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LIST DIPLOMA OR DEGREE _____

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COLLEGE / UNIVERSITY

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR
COMPLETED

1 2 3 4

DID YOU GRADUATE?

YES

NO

LIST DIPLOMA OR DEGREE _____

OTHER

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR
COMPLETED

1 2 3 4

DID YOU GRADUATE?

YES

NO

LIST DIPLOMA OR DEGREE _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING (INCLUDE COURSES, TRAINING, PROFESSIONAL LICENSES, ETC.).

EMPLOYMENT HISTORY (BEGIN WITH YOUR CURRENT OR MOST RECENT JOB & ACCOUNT FOR ALL TIME IN THE LAST TEN YEARS.)

(1) EMPLOYER _____

Address _____

Job Title _____

Telephone Number _____

Supervisor Name _____

Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____

To _____

Salary Start _____

End _____

Reason for Leaving _____

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(2) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____ **Salary** Start _____ End _____

Reason for Leaving _____

(3) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____ **Salary** Start _____ End _____

Reason for Leaving _____

(4) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____ **Salary** Start _____ End _____

Reason for Leaving _____

MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER AT THIS TIME? YES _____ NO _____

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PLEASE ACCOUNT FOR ALL PERIODS OF **UNEMPLOYMENT** DURING THE LAST TEN YEARS, INCLUDING DATE(S) AND REASON(S). EXCLUDE PERIODS OF UNEMPLOYMENT DUE TO DISABILITY.

PROFESSIONAL REFERENCES

LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, EXCLUDING PREVIOUS EMPLOYERS, WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.

REFERENCE #1

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #2

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #3

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

OTHER SKILLS / ACTIVITIES

LIST COMPUTER SOFTWARE / HARDWARE EXPERIENCE _____

FOREIGN LANGUAGE PROFICIENCY _____

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LIST ANY JOB-RELATED ACTIVITIES AND PROFESSIONAL ORGANIZATIONAL INVOLVEMENT IN THE PAST FIVE YEARS.

MILITARY SERVICE

BRANCH OF U.S. MILITARY SERVICE _____

DATES OF ACTIVE SERVICE From _____ To _____

RANK AT TIME OF ENTRY _____

RANK AT TIME OF SEPARATION _____

HONORABLE DISCHARGE? Yes _____ No _____ (This will not impact your employment)

LIST ANY JOB RELATED SKILLS GAINED FROM YOUR MILITARY EXPERIENCE.

PLEASE READ CAREFULLY AND SIGN

I certify that the information contained in the application and/or any supplement thereto, is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for discharge. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the applicable policies and rules of Personalized Therapy, LLC.

Signature _____

Date _____

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I AM AWARE THAT:

EQUAL OPPORTUNITY EMPLOYER: Personalized Therapy, LLC does not unlawfully discriminate in employment and no question on this application is used to limit or excuse any employment applicant from consideration for employment on a basis prohibited by local, Maryland State or federal law. Personalized Therapy, LLC does not refuse to hire a qualified individual with a disability because that person needs reasonable accommodation as required by the ADA.

IDENTITY: I understand if I am hired, I must provide proof of identity and legal work authorization.

DRUG TESTING: Pre-employment drug testing may be required for all employment applicants.

TB SCREENING: As a condition of employment, I understand I must provide proof of a negative TB screening conducted within the last six (6) month.

MEDICAL EXAMINATION: Certain job classifications required employees to have a physical examination and vaccinations. If hired before passing ALL medical requirements of your job classification, I understand that my continued employment will be dependent upon my providing written proof of passing these requirements.

DRIVING RECORD CHECK: Applicants may be subject to a check of their driving record.

POLYGRAPH TESTING: Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to taking a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Signature _____ Date _____

Please read the following and indicate your agreement by checking the "I Accept" box below:

I certify that the information contained in this application and all other documents provided (e.g., resume, etc.) is true and correct to the best of my knowledge. I fully understand that any misrepresentation, falsification or omission of material information may result in a denial of employment and may be considered as justification for termination if discovered at a later date.

I authorize Personalized Therapy, LLC to make a thorough investigation of my background to verify any and all information provided, including but not limited to, obtaining employment references, educational records, and personal history. Other Federal, State or local governmental agencies, former employers and former schools may also be contacted. I also understand that as part of the normal procedure for processing my employment application, a consumer report may be prepared. Such reports may include a criminal history background check as well as information relating to my credit standing, character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I also authorize Personalized Therapy, LLC to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to

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Personalized Therapy, LLC, as well as, from the use or disclosure of such information by Personalized Therapy, LLC.

I understand that if employed, my employment is at will and not for any definite period of time. I further understand and agree that my employment can be terminated with or without cause and with or without advance notice by Personalized Therapy, LLC or at my own election at any time. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Personalized Therapy, LLC unless made in writing and signed by the Business Manager or a designated representative.

In the event that I am hired, as a requirement of any employment with Personalized Therapy, LLC, I agree to conform to the rules and standards of conduct of Personalized Therapy, LLC. I also understand and agree that the terms and conditions of my employment (other than my at-will status) as well as any employee benefits with Personalized Therapy, LLC may be changed or discontinued at any time with or without notice.

This application will not be processed until all requested information on this form has been completed, including your signature.

I represent and warrant that I have read and fully understand the foregoing conditions stated in this application and seek employment under these conditions. Applications remain active for one year. However, applicants must contact Personalized Therapy, LLC to update their application if they wish to be considered for employment.

I hereby authorize Personalized Therapy, LLC to deduct from my pay any sum that I owe Personalized Therapy, LLC for keys, pagers, petty cash funds, advances, equipment, licensing, etc.

<input type="checkbox"/>
<input type="checkbox"/>

I Accept

I Decline

Signature

Date