

# THE RASENS OCCUPATIONAL THERAPY

## Employment Application

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City				State		ZIP							
Phone				E-mail Address									
Date Available			Social Security No.			Desired Salary							
Position Applied for													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Have you ever been injured on the job?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Has your professional license ever been suspended YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain													
Can you lift at least 50 pounds?													
EDUCATION													
High School			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references.</i>													
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/Wage	\$	Ending Salary/Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary/Wage	\$	Ending Salary/Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary/Wage	\$	Ending Salary/Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date