



Email: [involvedmobiletherapy@gmail.com](mailto:involvedmobiletherapy@gmail.com)

**APPLICATION FOR EMPLOYMENT**

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

**PERSONAL**

\_\_\_\_\_  
LAST FIRST

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
PHONE

Emergency Contact: \_\_\_\_\_  
Name Number

How many visits a week are you available for work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position applying for: \_\_\_\_\_

**EDUCATION**

<u>School Name</u>	<u>Location</u>	<u>Degree Earned</u>	<u>Year Completed</u>

**EMPLOYMENT**

List the last five years employment history, starting with the most recent employer.

1. Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_

**CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED**

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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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 complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_