

Name:				Date	
	Last	First	Middle		
Address:					
	Street		City		State Zip
Telephone #:		Other:		Mobile:	
Referred by:			Email:		
Position(s) app	olied for:		Date a	ıvailable:	
Income desired	d/year				
Type of emplo	yment desire		ne Part-Tir	ne	
Are you availa	ble to work	overtime or evening	ngs if required:	Yes [No
Are you availa	ble to work	weekends and hol	idays if required:	Yes	☐ No
Languages:	English	French] Spanish 🔲 (Other	
Have you work	ked with our	Company before	? Yes] No	
If yes, v	when?		at what lo	cation?	
As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes No					
Educational E		cational institutior	ns attended, begin	ning with tl	ne most recent.
School / Col	lege / Unive	rsity City	Gradi	uated D	Degree(s)/Diploma(s)
			Yes	□ No	
			Yes	☐ No	
				 □ No	
Employment Provide the fol Employer		rmation beginning Telephone D	with the most red lates Employed From To	cent employ Summarize ty	yer pe of work performed
Address		City	State Z	ipcode	Starting Pay Rate
				\$	per



Job Title	Ending Pay Rate
	\$ per
Immediate Supervisor & Title	Supervisor Phone Number Email
D. C. I.	
Reason for Leaving	
May we Contact your References?	s 🔲 No Fax Number Required
Employer Telephone	Dates Employed Summarize type of work performed From To
Address	City State Zip Code Starting Pay Rate
	\$ per
Job Title	Ending Pay Rate
	\$ per
Immediate Supervisor & Title	Supervisor Phone Number Email
Reason for Leaving	
May we Contact your References?	S No Fax Number Required
Employer Telephone	ne Dates Employed Summarize type of work performed From To
Address	City State Zip Code Starting Pay Rate
	\$ Per
Job Title	Ending Pay Rate
	\$ per
Immediate Supervisor & Title	Supervisor Phone number Email
Reason for Leaving	
May We Contact your References?	Fax Number Required
List last 7 years employment. Please add add	ditional employment on another sheet of paper.
Comments : Include explanation of any g	gaps in employment



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List the name, relationship, number of years acquainted and phone number of three <u>professional</u> references. No relatives please.

Name	Relationship	Years Known	Phone
I certify that all information I have provided in ord Therapy (employer) is true, complete and correct. found to be false, incomplete or misrepresented in consideration of this application, or (ii) immediated discovered. I expressly authorize, without reservat to contact and obtain information from all reference licensing authorities and educational institutions are provided by me in this application, resume or job is may have regarding the employer, its agents, employed information in the employment process and all furnishing such information about me.	I understand that any any respect, will be s by discharge me from tion, the employer, its es (personal and prof and to otherwise verify interview. I hereby we oyees or representative	information provi sufficient cause to the employer's se is representatives, e essional), employed the accuracy of a raive any and all rives for seeking, ga	ided by me that is (i) cancel further rvice, whenever it is employees or agents ers, public agencies, Il information ghts and claims I thering and using
I understand that the employer does not unlawfully application is used for the purpose of limiting or ex on a basis prohibited by applicable local, state or for current for only 30 days. At the conclusion of that to be considered for employment, it will be necessary	scusing any applicant ederal law. I understatime, if I have not he	from consideration from that this applicated from the employers.	on for employment cation remains loyer and still wish
If I am hired, the employer reserves the right to ter and without prior notice, except as may be required or contract for employment for any specified perior representative of the employer is authorized to mal or written agreements contrary to the foregoing exp signed by the employer's president.	d by law. This applic d or definite duration se any assurances to t	ation does not con . I understand tha the contrary and the	stitute an agreement t no supervisor or lat no implied, oral
I also understand that if I am hired, I will be requir in the United States and that federal Immigration la			
Applicant's Signature		Date	



Please answer the following questions
What was the best job you ever had? Why did you like it so much?
What was your least favorite job? What did you NOT like about it?
Who was the best supervisor or manager you've had? What characteristics made that person a good manager?
Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager?
What are your greatest strengths?
As your skills and abilities relate to your work experiences, what are the areas for improvement?
What traits or characteristics do you most admire in co-workers?
What traits or characteristics do you most DISLIKE in co-workers?
If you won five-million dollars in the lottery, would you choose to work? What would you do with your time?
What was the funniest thing that ever happened to you at work?