

Dominiczak Therapy Associates, LLC

Employment Application

Dominiczak Therapy Associates, LLC (the "Company"), is an Equal Opportunity Employer that provides equal educational and employment opportunity regardless of race, religion, sex, age, creed, national origin, marital status, ancestry, arrest or conviction record, sexual orientation, or physical and mental disability.

Date: _____

Name: _____
(Last / First / Middle)

Street Address: _____

City / State / Zip: _____

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Have you ever been convicted of a crime or pleaded no contest for any offense(s) other than minor traffic violations? Yes No

If Yes, please use a separate sheet of paper to state the nature of the crime, the date of conviction, and the state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you? Yes No

If Yes, please use a separate sheet of paper to describe the nature of the charges, the date issued, and the county and state where issued. (Charges are not an automatic bar to employment.)

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/ Diploma
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other	_____	_____	_____	_____

EMPLOYMENT HISTORY

Name of Employer	Phone Number
Address	Employment Dates (Month and Year) From: To:
Job Title	Wage/Salary Start: End:
Name of Immediate Supervisor	Reason for Leaving
Description of Duties	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address	Employment Dates (Month and Year) From: To:
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Description of Duties	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Description of Duties	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer	Phone Number
Address	Employment Dates (Month and Year) From: To:
Job Title	Wage/Salary Start: End:
Name of Immediate Supervisor	Reason for Leaving
Description of Duties	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Do Not Include Relatives)

Name / Occupation / Years Known / Address / Phone Number

- 1. _____

- 2. _____

- 3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

Date You Can Start Work _____

How Were You Referred To Us? _____

SPECIAL SKILLS OR ADVANCED TRAINING/CERTIFICATION

REQUIRED LICENSE(S): List the professional license(s) you currently hold. Include expiration dates and license numbers.

APPLICANT'S STATEMENT

I understand that this Application is not a contract, offer, or promise of employment.

I understand that the Company follows an "employment at will" policy, in that either the Company or I may terminate my employment at any time and for any reason consistent with applicable state or federal law, and that this "employment at will" policy cannot be changed unless the change is specifically authorized in writing by the Manager of the Company.

I understand that federal law prohibits the employment of unauthorized aliens, that all persons hired must submit satisfactory proof of employment authorization and identity, and that failure to submit such proof will result in denial of employment.

I understand that upon receiving a job offer, a physical examination, TB Test Screening, and/or drug screening may be required. (Note: The Company will notify the Applicant if any of these are required). I further understand that, if I am employed by the Company, I may be required to submit to alcohol/drug testing under certain circumstances during my employment.

I understand that this Application will be active for a period of 60 days and that after that time, if I wish to be considered for employment, I must submit a new application.

I understand that any falsification or willful omission in this Application, including in the Pre-Employment Inquiry Authorization and Release that constitutes a part of this Application, shall be sufficient cause for refusal of employment or dismissal.

_____ (Applicant to initial here.)

[The remainder of this page has intentionally been left blank,
with the Pre-Employment Inquiry Authorization and Release to follow;
the certification and signature that follows the
Pre-Employment Inquiry Authorization and Release
are applicable to this entire Application.]

PRE-EMPLOYMENT INQUIRY AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand and agree that background and reference inquiries may be requested by Dominiczak Therapy Associates, LLC (the "Company"), or on the Company's behalf, to verify the information I have provided in this Application and to obtain additional information relating to my background. I authorize all individuals, schools, business entities, credit bureaus, and law enforcement agencies (except, if so noted, my current employer, provided that this exception shall expire at any such time as the Company may hire me) to provide any information requested about me, and I release them from all liability for damage in providing this information.

I acknowledge that a telephonic facsimile, an electronic copy, or a photocopy of this Authorization and Release shall be as valid as the original.

Last Name		First	Middle
Driver's License Number & State			
Social Security Number		Date of Birth	
Former Name(s) and Time Frame(s) (if applicable)			
Current Address	City/County	State/Zip	Start & End Dates (Month and Year)
Previous Addresses			

I certify that all information provided and statements made herein are true and complete.

Applicant Signature: _____ Date: _____