

# NORTH COAST THERAPY ASSOCIATES, LLC

## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature

**Non-Discrimination Policy:** We are committed to the principle of equal opportunity. NCTA, LLC does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)

Employment desired:  Full-Time  Part-Time

What are your Salary Requirements? \_\_\_\_\_

When are you available for work? \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor (excluding traffic citations)?  Yes  No

If yes, please describe. (This will not necessarily exclude you from consideration).

\_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years  Yes  No How many? \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc. Please include computer and software skills


**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed & Salary From: To: Salary:	Work Performed
Address & Phone	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed & Salary From: To: Salary:	Work Performed
Address & Phone	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed & Salary From: To: Salary:	Work Performed
Address & Phone	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES:** Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A DRUG SCREENING AND MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I will also be required to undergo a pre-employment drug screening and medical exam.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check authorize the agency to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PRINT NAME:** \_\_\_\_\_

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for applying with North Coast Therapy Associates*