

Employment Application

Explore Engage Enjoy
Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non job related medical condition or handicap.

			App	olicant I	nforma	ation				
Full Name:		First					DOB:			
Address:	Street Address							Apartment/Unit #		
	Sireer Address							Apartment Onit #		
	City						State	ZIP Code		
Phone:					Email					
Date Available:		Social Security No.:					Desired Salary:			
Days Available:		Hours Available:			Desired Schedule:					
Position App	olied for:									
Are you a ci	es?	YES	NO	If no, a	re you a	authorized to we	YES ork in the U.S.?	NO		
YES NO Have you ever worked for this company?				_	If yes, \	when?_				
Are you 18 years of age or older?										
Have you ever been convicted of a criminal YES NO offense (felony or misdemeanor)?										
If yes, expla	in:									
Do you have any condition which would YES NO require job accommodations? □ □										
If yes, descr	ibe:									
				Educ						
High School	l:			Address:						
From:	To:	Di	d you g	raduate?	YES	NO	Diploma:			
College:				Address:						
From:	To:	Di	d you g	raduate?	YES	NO	Degree:			
Other:				Address:						
From:	To:	Die	d you g	raduate?	YES	NO	Degree:			

Mission

It is the mission, duty, and exempt purpose of Explore Engage Enjoy to improve pediatric therapy outcomes through research and rural access to care. How do you see yourself pursing that mission in these areas? Explore: Engage: Enjoy: Licensing/Certification If a license or certification is required or related to the position for which you are applying, complete the following: Date Expires: License Title: Date Issued: Location/State: Issuing Authority: License No.: Additional Certification(s): References Relationship: Full Name: Phone: Company: Address: Full Name: Relationship: Company: Phone: Address: Relationship: Full Name: Company: Phone: Address: Previous Employment Company: Phone: _____ Supervisor:____ Address: Starting Salary:\$ Ending Salary:\$ Job Title: Responsibilities: _____ To: Reason for Leaving:_____ From: YES NO May we contact your previous supervisor for a reference?

A -d -d				Phone:Supervisor:
Job Title:	Starting S	Ending Salary:		
Responsibilities:				
From:	To:			
May we contact your previous s	upervisor for a reference?	YES	NO	
				Phone:
Address:				Supervisor:
Job Title:	Starting S		Ending Salary: <u>\$</u>	
Responsibilities:				
From:	To:	Reason fo	or Leaving:_	
May we contact your previous s	upervisor for a reference?	YES	NO	
	Military	y Service		
Branch:			From:_	To:
Rank at Discharge:		Type of	Discharge:_	
If other than honorable, explain				
	Disclaimer a	and Signa	ture	
of the offense, and the surrou	nding circumstances and t all background checks res	the relevand ulting in a p	ce of the offe ositive findi	a criminal offense. The date, nature ense to the position(s) applied for ng of abuse or molestation will in the organization.
Explore Engage Enjoy complinecessary for eligible applicar				nmodation measures that may be
education, or any other inform	ation they may have with	regard to ar	ny of the sul	oncerning previous employment, bjects covered by this application, from furnishing such information.
as necessary to determine my	ny statement contained in qualifications. In the ever n my application, correspo	this applicant of employ	ation, and to ment, I und	obtain a background check on me
Signature:				Date: