

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 you 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.

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

Employer	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** _____

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Solely to help NCTA, LLC comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Referral Source

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone (____) _____

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran

Signature: _____ **Date:** _____

Thank you for applying to North Coast Therapy Associates