

ASSOCIATED COMPREHENSIVE THERAPIES, INC.

EMPLOYMENT APPLICATION

General Data					
Last Name		First Name		Middle Name	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify for purposes of a reference check:					

Present Address: Number		Street		City State Zip Code	
Years at above address			Home Telephone Number ()		
Position Applying For					Date of Application
Full Time or Part Time		Shift or Hours Preferred			
Drivers License Number (if applicable)			Expiration Date		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

Personal Data					
Person to notify in case of emergency: Name			Home Telephone Number ()		
Present Address: Number		Street		State Zip Code	
How did you learn of this job opening?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative			
<input type="checkbox"/> Other _____					
List memberships in professional organizations which you feel would enhance your application.					
You may exclude any whose names would indicate the race, religious creed, color, national origins, or ancestry of its members					

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If under 18 years of age, can you after employment, submit a work permit? N/A []

No []

Skills

Typing Speed (wpm):	Shorthand (wpm):
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Machines Operated:

Other Training/Skills (include bilingual ability if relevant) to the position for which you are applying:

CPR/First Aid Certificate: Yes [] No [] Issue Date:

Branch of Military Service:	State Dates: From	To
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State relative skills acquired during military service:

Professional & Technical Applicants Only

Professional License Number:	Expiration Date	Type of License:	State:
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Is there any reason why you would not be able to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? [] Yes [] No

If "Yes," please explain:

Education

	High School	College	Trade, Professional School or Other
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

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Work Experience

Last/Present Employer		Length of Service (Dates)		Duties Performed	
Address		Start	Leave		
Telephone Number(s)					
Supervisor's Name and Position					
Your Job Title					
Reason for Leaving					
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)					
Employer		Length of Service (Dates)		Duties Performed	
Address		Start	Leave		
Telephone Number(s)					
Supervisor's Name and Position					
Your Job Title					
Reason for Leaving					
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)					
Employer		Length of Service (Dates)		Duties Performed	
Address		Start	Leave		
Telephone Number(s)					
Supervisor's Name and Position					
Your Job Title					
Reason for Leaving					
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)					
Employer		Length of Service (Dates)		Duties Performed	
Address		Start	Leave		
Telephone Number(s)					
Supervisor's Name and Position					
Your Job Title					
Reason for Leaving					
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)					

Applicant's Statement

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedure established by the employer.

I hereby acknowledge that my employment is "at-will", that I may resign at any time and Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the company.

By: _____ Date _____
Signature of Applicant

For Company Use Only

Interviewed: [] Yes [] No

Remarks: _____

Employed: [] Yes [] No

Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____ Date _____
Name and Title

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