



Oklahoma Pediatric Therapy Center

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

LAST: _____ FIRST: _____ M.I.: _____ DATE: _____

STREET ADDRESS: _____ APARTMENT/UNIT#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

DATE AVAILABLE: _____ SSN: _____ DESIRED Rate/Wage: _____

POSITION APPLIED FOR: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional references.

1. _____ Full Name: _____

_____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

2. _____ Full Name: _____

_____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

3. _____ Full Name: _____

_____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

PREVIOUS EMPLOYMENT

1. _____ Company: _____ Phone: (_____)
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ per: _____ Ending Salary: \$ _____ per: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

2. _____ Company: _____ Phone: (_____)
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ per: _____ Ending Salary: \$ _____ per: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

3. _____ Company: _____ Phone: (_____)
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ per: _____ Ending Salary: \$ _____ per: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____