

THERAP SERVICES, LLC Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied For			
Is the applicant legally eligible to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof will be required if selected for hire)			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
SPECIFIC JOB REQUIREMENTS			
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>			
State	Operator's Number	Expiration Date	
Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/> Under labor law, employees must be over 18 years of age.			
Bachelor's Degree? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, College?			
Master's Degree? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, College?			
Total years of experience using the Therap software?			
Professional licenses/certifications?			
Project Management Institute (PMI) Certification?			
Additional skills, supervision skills, other foreign languages?			
Type of computer/software skills/program languages			
Excel			
Pivot Tables			
Macros			
Data Analysis and Statistics			
Video editing			
Digital Marketing			
Graphics/Multimedia			

I understand the Agency may conduct Criminal, DMV, Education and Credit record checks prior to and periodically during employment. I understand results of these checks in accordance with Agency policy and State Law may prevent the Agency from offering me a position or from retaining me as an employee if hired. With this understanding, I hereby authorize such background research and hold the Agency harmless for complying with such policies or laws as they may pertain.

I hereby attest that information provided above is true to the best of my knowledge as of the time of this application. Should information above change prior to hire or at any time during employment, I agree to notify Employer immediately. I understand that failure to do so will be cause for disciplinary action up to and including termination of employment.

Signature: _____ Date: _____

We consider applicants for all positions without regard to race, color, immigrant status, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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: _____

APPLICANT'S STATEMENT OF ACKNOWLEDGMENT, RELEASE, AND VERIFICATION

Please read carefully before signing.

I certify that answers and information given herein are true and complete to the best of my knowledge. I understand and accept that any false or misleading information given in my application, interview, or other informative medium (including but not limited to resumes, reference checks, etc.) may result in disqualification from employment consideration. In case of employment, discovery that such false or misleading information is contained in this application may result in disciplinary action up to and including discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also hereby authorize all past or present employers to release any relevant personnel information to the Agency presenting them with this release. I release those employer's past and present from any and all liability for such information they may provide and agree not to sue for defamation or other claims based upon any statements they make to any representative of this Agency regarding my personnel records.

I understand that this application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand, acknowledge and accept that, as allowed under State Law, any employment relationship with this organization is of an "at will" nature. The employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document, conduct or speech unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that "employment at will" does not waive any notice requirements of the Employee to the Employer.

I understand and accept that this agency performs pre-employment background checks and that employment with the agency will be contingent upon successful completion of these checks. I further attest that should any of the information given in this application change for any reason either before or during my employment, I will notify the employer immediately.

Signature: _____ Date: _____

Therap Services is committed to providing reasonable accommodations to qualified individuals with disabilities in the recruitment process. To request an accommodation, please contact hirus@therapservices.net