

**COUNTRYSIDE THERAPY GROUP, INC
EMPLOYMENT APPLICATION**

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____
Street Address: _____ Apt # _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/Alternate: _____ Email address: _____

EMPLOYMENT DESIRED

Applying for the position(s) of: _____ Date available to work _____
Full Time _____ Part Time _____ PRN _____ Salary Requirement _____

BACKGROUND

Are you at least 18 years of age? Yes _____ No _____ Date of Birth _____ State of Birth _____

Have you ever been convicted, placed on probation, pled no contest, received deferred adjudication, or are you now under pending investigation on charges of criminal law violation or charges by a state or regulatory agency? Failure to disclose may result in a failure to hire or the revocation of an offer. Yes _____ No _____

If yes, explain.

Has any government agency taken action against you in the last five years? These actions would involve license revocation, suspension, restriction, investigation, etc.

Yes _____ No _____ If yes, explain.

List any previous names used _____

Are you eligible to work in the U.S. Yes _____ No _____

EDUCATION

<u>School/College/University Attended</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Major/Minor</u>	<u>Did you graduate?</u>	<u>Degree</u>
1. _____	_____	_____	_____	_____	Yes ___ No ___	_____
2. _____	_____	_____	_____	_____	Yes ___ No ___	_____
3. _____	_____	_____	_____	_____	Yes ___ No ___	_____
4. _____	_____	_____	_____	_____	Yes ___ No ___	_____

WORK EXPERIENCE

Have you ever been discharged from a job or forced to resign? Yes _____ No _____ If yes, explain.

If you have any gaps in your employment history, please explain.

Company Name

Address, City, State, Zip

Telephone

1. _____

Employed from _____ to _____ Name of Supervisor _____ Phone _____

Hrs per week _____ Beginning pay _____ End pay _____

2. _____

Employed from _____ to _____ Name of Supervisor _____ Phone _____

Hrs per week _____ Beginning pay _____ End pay _____

3. _____

Employed from _____ to _____ Name of Supervisor _____ Phone _____

Hrs per week _____ Beginning pay _____ End pay _____

LICENSE/CERTIFICATION

Type

Date Issued

Number

Expiration Date

1. _____

2. _____

3. _____

Valid TX drivers license: Yes _____ No _____ License # _____

Foreign language (other than English)

1. _____ Speak _____ Read _____ Write _____ Fluently: Yes _____ No _____

2. _____ Speak _____ Read _____ Write _____ Fluently: Yes _____ No _____

MILITARY SERVICE

Did you serve in the Armed Forces: Yes _____ No _____ Type of discharge: _____

NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

Do you have an NPI number? (Circle) yes no

BUSINESS REFERENCES

1. Company Name: _____ Street Address: _____

City/State/Zip: _____ Telephone: _____

Supervisor Name: _____ Position: _____

2. Company Name: _____ Street Address: _____

City/State/Zip: _____ Telephone: _____

Supervisor Name: _____ Position: _____

3. Company Name: _____ Street Address: _____

City/State/Zip: _____ Telephone: _____

Supervisor Name: _____ Position: _____

PERSONAL REFERENCES

1. Name: _____ Relationship: _____ How Long: _____

Street Address: _____ City/State/Zip: _____ Telephone: _____

2. Name: _____ Relationship: _____ How Long: _____

Street Address: _____ City/State/Zip: _____ Telephone: _____

3. Name: _____ Relationship: _____ How Long: _____

Street Address: _____ City/State/Zip: _____ Telephone: _____

I certify that the above answers are true and complete to the best of my knowledge. I authorize _____ to investigate any statement contained in this application. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false and misleading information given in my application, correspondence, or interview may result in immediate termination. I understand also that I am required to abide by all rules, regulations, and policies and procedures of Countryside Therapy Group, Inc.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Arrange interview: Yes _____ No _____ Date: _____

Approved: Yes _____ No _____ Date: _____

Signature _____ Date _____