

**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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Arrange interview: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_