

EMPLOYMENT APPLICATION



Position Applying For : _____ **Date :** _____

Name (Last , First , MI)				
Address		City ,		State Zip
Social Security Number	State of Birth	County of Birth	Are you a US Citizen ? Yes No	
Drivers License #	Date Available to Work	Date of Birth	Salary Expected	
Home Telephone Number	Name of Nearest Relative , Relation , and phone number			
Have you ever been convicted of any crime ? If YES, When, Where, and disposition of offense. <p style="text-align: center;">YES NO</p>				
NOTE : A conviction does NOT automatically mean you can not be appointed. Give all facts and relevant details.				
In Accordance with the ADA Law, Do you have any specific disability which you feel would prevent you from performing the specific job duties of the position for which you are applying for ? YES NO				
Are there any modification which would need to be made so that you could perform the job duties ? <p style="text-align: center;">YES NO</p>				

EDUCATION BACKGROUND

Circle Highest Grade Completed : 10 11 12 College : 1 2 3 4 5 6

Are you a High School Graduate ? NO YES Year _____ High School _____

Colleges Attended : _____ Dates : _____
 _____ Dates : _____
 _____ Dates : _____

Degree Earned : _____ Date Earned : _____ Major : _____

List All Trade Schools, Military Schools, Business Colleges, ETC

Licenses, Professional Registrations, Special Skills, Machines Operated, Typing Skills, ETC

Beginning with the most recent, list below the last four jobs you have held (Up to the last 10 years) and include present employer, if employed. Include military and specifically describe duties performed.

Name of company and Address	Dates Employed (Mo / Yr)	Position Held
Type of Business	Salary start : end :	Describe work you did
Name and Title of Supervisor	Reason for Leaving	
Phone number :		

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Type of Business	Salary start : end :	Describe work you did
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Phone number :		

May we contact your present employer and previous employers ? YES NO

If NO Please explain :

The facts set forth in this application for employment are true and complete, I understand that if employed, False statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date

Note : All applications will be held for one full calendar year
APPLICATION FORM

Hulsey Therapy Services, PC. is an at-will Employer. No officer or representative of HTS, other than the owner, has any authority to enter into any agreement or contract for employment for any period of time. Any employment and compensation can be terminated with or without notice, at any time, at the option of either HTS or the employee.

I understand that my employment with Hulsey Therapy Services, PC will be contingent upon completion of the 90 day Introductory/Probationary period, and understand that within this time that I may be terminated at will and without notice. This termination can and will be based upon my performance, attendance, and attitude to this position and organization. I understand that I have no rights to any benefits from Hulsey Therapy Services, PC during this 90 day period.

Hulsey Therapy Services, PC does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact the Administrator at 903-886-7669.

BACKGROUND AND REFERENCE RELEASE AND AUTHORIZATION

1. Please be advised that any information, statements made, or references given by any applicant for employment to Hulsey Therapy Services, PC (HTS) will be investigated by agents of HTS. Further, HTS reserves the right to make an in-depth investigation into the applicant's character, general reputation, qualification, drivers record when applicable, to determine an applicants fitness for employment. This information is for the sole use of HTS and will not be released to third parties without the consent of the applicant.
2. I understand that it is the applicant's responsibility to disclose any reasonable accommodation that might be necessary to perform the functions of the job applied for.
3. In compliance with the Drug Free Work place Act of 1988, HTS conducts pre-employment drug screens for various applicants. Applicants declining to voluntarily agree to a drug screen will not be considered further for employment. Applicants with confirmed positive results will not be considered for employment for a minimum period of six months form date of test.
4. Having read and understood the above statements, I give my full consent to the above and allow HTS the right to fully investigate my character, general reputation, background qualifications and what ever else might be applicable.

Signature of Applicant

Date

TO WHOM IT MAY CONCERN :

This is your authority to furnish the representative of Hulsey Therapy Services with any and all information, reports, and records you may have in your possession, or you may have access to, concerning my character, general reputation, qualifications, and whatever else may be applicable.

Signature of Applicant

Date