



# EMPLOYMENT APPLICATION

## EEO STATEMENT

Sensory Street Pediatric Occupational Therapy P.C. is an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

Please print and fill out all sections

DATE OF APPLICATION: \_\_\_\_\_

## APPLICANT INFORMATION:

APPLICANT NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE & ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ (CELL) (HOME) (OTHER)  
EMAIL ADDRESS: \_\_\_\_\_  
How were you referred to Sensory Street? \_\_\_\_\_

## AVAILABILITY:

Position(s) applying for: \_\_\_\_\_  
 Full time     Part time     Temporary (holiday/summer)  
If hired, on what date can you start working? \_\_\_\_\_  
Desired Salary: \_\_\_\_\_  
Can you work evenings?  YES  NO  
Are you available to work overtime?  YES  NO  
Weekly Availability (please include times):  
 Sunday \_\_\_\_\_  Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  Friday \_\_\_\_\_  Saturday \_\_\_\_\_

## PERSONAL INFORMATION:

Have you ever applied to / worked for medical office/therapy clinic before?  YES  NO

If yes, please explain (include date):

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Have you ever worked with children/Daycare/Pre-school etc.  YES  NO

If yes, please explain (include date):

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Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

YES  NO

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  YES  NO

If hired, are you willing to submit to and pass a controlled substance test?  YES  NO

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  YES  NO

If no, describe the functions that cannot be performed

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*(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  YES  NO

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**EDUCATION, TRAINING & EXPERIENCE:**

**High School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate?  YES  NO

Degree / diploma earned: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate?  YES  NO

Degree / diploma earned: \_\_\_\_\_

**Vocational School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate?  YES  NO

Degree / diploma earned: \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_ Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

Do you speak, write or understand any foreign languages?  YES  NO

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

\_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  YES  NO

If yes, please explain,

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed?  YES  NO

If you are currently employed, may we contact your current employer?  YES  NO

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  YES  NO

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  YES  NO

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  YES  NO

**REFERENCES:**

List below three (3) persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_  
(Initials)

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_  
(Initials)

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**