

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons.

Personal Information

Name _____
 Address _____
 Home phone _____ Mobile phone _____
 Date available for work _____
 Do you object to working overtime if necessary? Yes No
 Can you travel if required by this position? Yes No
 Can you submit proof of legal employment authorization and identity? Yes No
 Have you been convicted of a crime? Yes No
 If yes, year _____ Explain conviction (does not automatically bar employment) _____
 Driver's license number _____
 (If applying for driving position)
 Position applying for: _____
 E-Mail Address: _____

Education

| Name and Location of School | Circle last year completed | Did you graduate? | Subjects studied or degree received |
|-----------------------------|----------------------------|--|-------------------------------------|
| High School | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Technical training | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other skills | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Additional Skills

Describe skills relevant to the job for which you are applying

| SKILL | TYPE OF EXPERIENCE | LEVEL OF EXPERTISE |
|--|--------------------|--------------------|
| Office equipment, (typing speed, programs, etc.) | | |
| Technical skills, professional licenses | | |
| Computers | | |
| Software | | |

Self Love Outpatient Services, LLC

| | | |
|-------|--|--|
| Other | | |
|-------|--|--|

Former Employers

Please provide all employment information for last 3 employers starting with most recent.

| | | | |
|----------------------|--|------------------|--|
| Employer name | | Your job title | |
| Address | | | |
| Supervisor name | | Supervisor phone | |
| Hire date | | Leave date | |
| Starting pay | | Ending pay | |
| Reason for leaving | | | |
| Employer name | | Your job title | |
| Address | | | |
| Supervisor name | | Supervisor phone | |
| Hire date | | Leave date | |
| Starting pay | | Ending pay | |
| Reason for leaving | | | |
| Employer name | | Your job title | |
| Address | | | |
| Supervisor name | | Supervisor phone | |
| Hire date | | Leave date | |
| Starting pay | | Ending pay | |
| Reason for leaving | | | |

References

List 3 references (do not include relatives or employers)

| Name | Phone number | Years Known |
|------|--------------|-------------|
| | | |
| | | |
| | | |

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further agree that I will abide by all rules, regulations and policies of the potential employer and that failure to do so may be cause for termination.

I understand that it is the policy of the potential employer not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

Self Love Outpatient Services, LLC

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization no later than the first day of employment. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____