



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of a non-job related medical condition or disability.

PERSONAL INFORMATION		SOCIAL SECURITY NUMBER		APPLICATION DATE
LAST NAME		FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS		CITY	STATE	ZIP
ARE YOU LESS THAN 18 YEARS OF AGE		UPON OFFER OF EMPLOYMENT, VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED		HAVE YOU EVER USED ANOTHER NAME?
DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE	DRIVING RECORD

EMPLOYMENT DESIRED		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE?	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:			

EDUCATION/U.S. MILITARY SERVICE		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL	NAME & LOCATION OF	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
SCHOOL	HIGH SCHOOL			
COLLEGE				
COLLEGE				
OTHER				
PROFESSIONAL CERTIFICATES OR LICENSES HELD		ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE		
HAVE YOU EVER SERVICED IN THE U.S. ARMED SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MILITARY DUTIES AND TRAINING		
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE.				

REFERENCES		PLEASE LIST THREE NON-RELATIVES WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES		
NAME AND ADDRESS		TELEPHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

EMERGENCY INFORMATION			IN CASE OF EMERGENCY, NOTIFY		
NAME				TELEPHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	
EMPLOYMENT HISTORY			GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK		
COMPANY NAME & LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
1.			END: FROM:		
TYPE OF BUSINESS:					
2.			END: FROM:		
TYPE OF BUSINESS:					
3.			END: FROM:		
TYPE OF BUSINESS:					
4.			END: FROM:		
TYPE OF BUSINESS:					
MAY WE CONTACT THESE EMPLOYERS:		COMMENTS:			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

ACKNOWLEDGMENT
<p>1. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and preceding employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.</p> <p>2. I understand this Application of Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with Terrio Therapy-Fitness, Inc. does not constitute any form of contract, implied or expressed, and such employment will be terminable as at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.</p> <p>3. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.</p> <p>4. If a conditional offer of employment is made, I consent to a health assessment. If it is determined during the health assessment that I have a medical condition that prohibits me from performing the essential job functions, I must obtain a medical release from my physician. If the release clears me to perform the essential job functions either with or without reasonable accommodations, the employment process will continue. If the release does not clear me to perform the essential job functions, Terrio Therapy Fitness will release me from this job offer. I understand that if I am released from this job offer, I have the option to begin the application process again for other available positions in which I am able to perform the essential job functions with or without reasonable accommodations</p> <p>5. I acknowledge that I have read all of the above statements and that I understand them.</p> <p>Applicant Signature: _____ Date: _____</p>