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EMPLOYMENT APPLICATION

Therapeutic Playtime does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability or any other lawfully protected status. Therefore, in order to consistently consider applicants all portions of this application form must be completed. Omissions, misrepresentations or falsifications will be cause for disqualification for, or discharge from, employment. Thank you for taking the time to accurately apply for employment with us.

NAME _____ TODAY'S DATE _____

PRESENT ADDRESS _____

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

ALTERNATE PHONE NUMBER _____

Are you eligible to work in the United States YES ____ NO ____

Have you ever worked for a hospital, nursing home, homecare, or any medical related field? Yes ____ No ____

Have you ever been convicted of a crime (excluding traffic violations)? Yes ____ No ____

If yes, please explain _____

Please list: Names of relatives employed here: _____

Names of friends employed here: _____

Have you ever applied for work here before? Yes ____ No ____ If yes, when? _____

Positions for which you are applying

Other _____ PT _____ OT _____ Speech _____

Wages Expected? _____ Per hour; _____ Per week; _____ Per month

Do you want: Full time _____ Part time _____ PRN _____ work?

If full time, which shift would you prefer? Day ____ Evening ____ Night ____

If part time, how many hours per week? ____ What shifts are you available for? Day ____ Eve ____ Night ____

Which days per week are you available (Please circle days that you can work)

Sun Mon Tues Wed Thurs Fri Sat

After what date are you available to work? _____

Have you read the Job Description(s) for the job(s) for which you are applying? Yes ____ No ____

Are you able to perform all the tasks described? Yes ____ No ____ If no, which tasks are you unable to perform? _____

If licensed or certified by any State in the health care field, please give number and State of License.

EDUCATION

Name and location of high school or college	From To	Degree or diploma	Major subject
High School	From To		
College or University	From To		
Technical School	From To		

Account for all periods of employment and unemployment (List most current employment first)

FROM	TO	EMPLOYER	ADDRESS	DUTIES	REASON FOR LEAVING

May we contact the employers listed above? _____

If not, indicate which ones you do not wish us to contact _____

MILITARY SERVICE

Branch of service	Entered	Discharged	Duties	Rank	Type of Discharge

I hereby verify that if I become employed, I understand that as a continuing condition of my employment, I will:

1. Maintain positive and harmonious relationships with patients, visitors and staff. Yes _____ No _____
2. Appear for job duties as scheduled or at least to secure a replacement in the event of unforeseen Circumstances. Yes _____ No _____
3. Be a team member, rendering help to fellow staff in other departments as needed. Yes _____ No _____

I certify that the information contained in this application is correct and understand that falsification of this document in any detail or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of this establishment and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also agree to submit to a physical examination if any employment offer is extended and to cooperate fully with other examinations or investigations that may be requested by the employer from time to time as an ongoing condition of employment.

Therefore, you are authorized by my signature below to make such initial investigations, as you deem necessary as to personal character, reputation, work history, credit record, convictions or other such lawful inquiries prior to or during employment.

I understand that this application will be active for 60 days if not employed; thereafter, I will have to reapply. If employed, I understand the first 60 days are a probationary period.

Signature _____ Date _____