



**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE TESTED FOR ILLEGAL SUBSTANCES**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work (Start & End Time)  
 and salary desired (2) \_\_\_\_\_  
 (Be specific) No Pref \_\_\_\_\_  
 Mon \_\_\_\_\_ Thur \_\_\_\_\_  
 Tue \_\_\_\_\_ Fri \_\_\_\_\_  
 Wed \_\_\_\_\_ Sat \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work?  Daytime  Evening  Weekends  Anytime

Have you read the job description for the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you able to perform all tasks described? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which tasks are you unable to perform?  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Do you have reliable transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

OFFICE ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No
					_____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other		
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills		

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



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May we contact your present employer?       Yes     No

Did you complete this application yourself?       Yes     No

If not, who did? \_\_\_\_\_

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 \_\_\_\_\_



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# **PLEASE READ CAREFULLY**

## **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Therapeutic Playtime. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Therapeutic Playtime, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/or Director of the Company. Both the undersigned and Therapeutic Playtime. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from an investigative background report with the Family Care Safety Registry of the State of Missouri including information as to character, general reputation, personal characteristics, and any/all criminal background history.

I further understand that my employment with the Company shall be probationary for a period of NINETY (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This company does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, sexual orientation, 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, misrepresentation 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.

Thank you for completing this application form and for your interest in our business.



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## POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \_\_\_\_\_  Full-time  Part-time  Salaried

Applicant's signature acknowledging above information \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_



## Applicant Selection Criteria Record

<b>JOB TITLE</b>			
<b>CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE*</b>	<b>ON LAB SECTION/ OFF LAB</b>
<b>*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER</b>			
<b>CANDIDATE SELECTED</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE</b>	<b>SOURCE</b>
<b>SELECTION CRITERIA</b>			
<b>REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS</b>			
	<b>ORIGINATOR'S SIGNATURE</b>	<b>DATE</b>	