

A STEP AHEAD PEDIATRIC THERAPY, Inc.

Employment Application..
(EOE)

PERSONAL INFORMATION Date: _____ S.S. Number: _____

Name: _____
Last First Middle
Present Address: _____
Permanent Address: _____
Phone Number: _____ Are you 18 years or older? _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____
Are you employed now? _____ If so can we inquire of your present employer? _____

| EDUCATION | NAME/LOCATION OF SCHOOL | YRS ATTENDED | GRADUATED? | SUBJECTS STUDIED |
|--|-------------------------|--------------|------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business/ Correspondence School | | | | |

Subjects of Special Study or Research Work:

U.S. Military or Naval Service: _____ Rank: _____
Present membership in National Guard or Reserves: _____

FORMER EMPLOYERS (list below last four employers, starting with last one first)

| Date Month/Yr | Employer's Name and Address | Salary | Position | Reason for leaving |
|---------------|-----------------------------|--------|----------|--------------------|
| 1) From | | | | |
| To | | | | |
| 2) From | | | | |
| To | | | | |
| 3) From | | | | |
| To | | | | |
| 4) From | | | | |
| To | | | | |

BUSINESS REFERENCE: Give the names of three business references, not related to you, whom you have known at least one year.

| Name | Phone (work & home) | Business | Years Acquainted |
|------|---------------------|----------|------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

It is the policy of A Step Ahead Therapy Inc. to not discriminate against any individual or group of individuals in the company programs or policies. This assurance of non-discrimination shall include applicants for employment. Applicants for services, clients or employees and shall be applied regardless of race, color, sex, age, religion, ancestry, national origin, disability, or veteran status.

The essential functions of this position are detailed in the attached job description.

Do you require reasonable accommodations, including auxiliary aides, that would enable you to perform the essential functions of this position? ____ yes ____no

If yes, please describe the accommodations, including auxiliary aides, that would enable you to perform the essential functions of this job description.

Do not answer any of the questions in this framed area unless the employer has specified a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Are you prevented from lawfully becoming employed in the U.S.? Y/N

What foreign language do you speak fluently? _____ Read_____ Write_____

Have you been convicted of a felony or misdemeanor within the last 5 years? _____yes _____no
Describe: _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date: _____ Signature: _____

Do not write below this line

Interviewed by: _____ Date: _____

Hired: Yes No Position: _____

Salary/Wage: _____ Date reporting to work: _____

Approved: _____ Manager