



DG Therapy Group

Helping Children Thrive!

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Please print your responses. The employer is sometimes referred to below as "Company."

Please read the attached job description for the position your are applying, as you will be asked to answer questions within the application.

Please **DO NOT** answer "See Resume" is not permissible Date: _____

IDENTIFICATION:

Name [Last Name, First Name]: _____

Present Address: _____
[Street] [City] [State] [Zip code]

Permanent address
(If different from above): _____
[Street] [City] [State] [Zip code]

Home Phone #: _____ Cell Phone #: _____

Email: _____ Referred by: _____

Have you ever applied for work with this Company before? No Yes If "Yes," When? _____

List all names you have used _____

DESIRED EMPLOYMENT:

Position: OT PT SLP SLPA Other: _____

Are you applying for: Full-Time Part-Time Field Work / Volunteer Temporary / Seasonal

Salary Desired: _____ Date you are able to start: _____

Days and hours, you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If hired, would you have a reliable means of transportation to and from work? Yes No

Will you be available to work: Weekends? Yes No Overtime, as necessary? Yes No

Are you 18 years of age or older? Yes No (If under 18, hire is subject to verification that you are of minimum legal age).

If hired, can you present evidence of your eligibility to work in this Country? Yes No



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EDUCATION / TRAINING INFORMATION:

EDUCATION:	Name and Location of Institution	Years Attended	Did you Graduate?	Name of Degree or Diploma	Subjects Studied
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University (Undergrad)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University (Graduate Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University (Doctorate Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Vocational Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you possess any other background, training, skills or knowledge that qualifies you for the applied position? Yes No
 If "Yes," please specify:

List any memberships in professional organizations your are affiliated with: _____

U.S. Military Service: _____

Rank: _____

In addition to speaking/writing English, list any other languages you speak: _____

PROFESSIONAL LICENSE/ CERTIFICATE:

If you are applying for a professional position, i.e. OT, PT, SLP, and SLPA:

Do you have a license or certificate for the position desired? Yes No

Name of license or certificate: _____ Number: _____

State of Issuance: _____ Date: _____

Has the license or certificate been suspended or revoked at any time? Yes No

If "Yes," please specify the grounds, date of action and date of reinstatement:



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I have read and I understand the attached job description for the position being applied for Yes No

I am able to carry out the essential aspects / functions of the position for which I am applying: Yes No

If "No," please state the job functions that cannot be carried out:

(NOTE: This Company complies with the federal Americans with Disabilities Act and California's Fair Employment and Housing Act and will thus strive to implement measures needed to reasonably accommodate qualified applicants and employees to handle essential functions of a job. Hiring may be conditioned on passing a medical examination and/or tests of skill and dexterity.)

EMPLOYMENT HISTORY:

List last four employers, starting with most recent listed first. Please DO NOT Answer "See Resume" is not permissible

Date [Mo. and Year]	Name, Address and Telephone No. of Employer	Type of Business		Position(s)	Reason for Leaving
From:	Supervisor:				
To:					
From:	Supervisor:				
To:					
From:	Supervisor:				
To:					
From:	Supervisor:				
To:					

Are you currently employed? Yes No If "Yes," may we contact your present employer? Yes No

Please explain any gaps in the employment history above: _____

REFERENCES / BACKGROUND:

Please supply three (3) people not related to you who can supply first-hand information of your recent work skills and performance within the past four years.

Name	Telephone No and Email	Business	Occupation	Years Known



ACKNOWLEDGMENT:

Please fully read and understand the text below, initial separately at each paragraph, and date and sign at the bottom:

_____ Initials	I acknowledge and attest that I have completed this application for employment as well as any and all other related or supplemental documents personally and that all the answers supplied in this application and the other documents are complete and accurate. I also acknowledge and attest that I have not intentionally omitted or failed to disclose any data that may reduce my prospects for employment with this Company. I further acknowledge, attest and agree that any falsification or omission of, or failure to disclose, such relevant information shall cause the Company, on discovery of the problem, to reject the application or, if I am employed, to immediately terminate employment.
_____ Initials	Both the Company and I acknowledge and agree that in the event of any claim or dispute that arises from my submission of this application and that cannot be resolved by initial direct communications between myself and the Company, the claim or dispute shall be resolved by binding arbitration pursuant to the provisions of California Code of Civil Procedure (CCP), Title 9, beginning with section 1280. CCP section 1283.05 (manner of taking depositions) shall not apply to any claim not covered by CCP section 1283.1(a). The American Arbitration Association (AAA) shall arbitrate such dispute unless both parties agree upon another third party arbitrator in writing. The arbitration shall be conducted either in accordance with the Model Employment Arbitration Procedures of the AAA which are in effect at the time of the arbitration or, if an alternative arbitrator is agreed upon, in accordance with the current rules and procedures of that other third party arbitrator. I understand however that by this agreement, the arbitrator is prohibited from imposing any type of fees, cost or expense upon me that I would not be required to bear if I were free to bring a legal action in court. I also understand that nothing in this agreement to arbitrate application-related disputes prohibits me from submitting a workplace-related administrative claim as permitted by law with the California Department of Fair Employment and Housing or any other agency. In the event I am hired by the Company, then its published policies and procedures for resolution, mediation and arbitration of disputes with employees, including but not limited to those stated in the Company's employment agreement, shall replace this agreement to arbitrate.
_____ Initials	I acknowledge and agree that nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process is intended to create an offer of employment or a contract of employment between the Company and me. I further acknowledge and agree that if hired by the Company, nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process and nothing in my employment is intended to create or should be construed to create anything other than "at-will" employment for no definite or determinable period, employment that may be terminated by either me or the Company at any time, for any reason or no reason at all and without prior notice. I further acknowledge and agree that no promises or representations contrary to any of the points made in these five numbered paragraphs are binding on the Company unless stated in writing and signed by an authorized Company Representative and me.

Applicant Signature _____ Date: _____