



GENUICARE

THERAPY SERVICES

APPLICATION OF EMPLOYMENT

On behalf of the entire Genuicare Therapy team, we would like to thank you for your interest in our company. Genuicare Therapy is committed to hiring the best in the industry by implementing thorough hiring procedures. Please be assured that all information provided to Genuicare Therapy by you, will remain completely confidential. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, material or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Location/Facility Name	Date of Application

How did you learn about us?	Advertisement Job Fair	Internet Other _____
	Employment Agency	Employee Referral


Last Name	First Name	Middle Name

Address	Street	City
		State
		Zip Code

Telephone Number	Home	Cell

Email Address	Social Security Number	

Best time to contact you at home is:	Morning	Afternoon	Evening	Night
Have you ever been employed?	Yes	No		
If yes, give date _____	Location _____			
Are you currently employed?	Yes	No		
If so, may we contact your present employer?	Yes	No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			Yes	No
<i>Proof of citizenship or immigration status will be required upon employment.</i>				
Date available for work ___/___/___	Desired Compensation \$ _____			
Desired Status (Select all that apply)				
Full Time	Part Time	PRN	No Preference	
Can you travel if a job requires it?	Yes	No		



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EDUCATION/CERTIFICATION

Highest level of Education High School College/University

1. Name of School _____
 Degree Type: Associates Bachelors Masters PhD

2. Name of School _____
 Degree Type: Associates Bachelors Masters PhD

Professional Certifications/Licensure

1. _____ State _____

2. _____ State _____

Additional _____

Has your professional license/certification ever been sanctioned, suspended, or revoked, or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please provide the date, location, and disposition of your case: _____

REFERENCES

1. Name: _____ Phone # _____

Address: _____

2. Name: _____ Phone #: _____

Address: _____

3. Name: _____ Phone #: _____

Address: _____

EMPLOYMENT EXPERIENCE

Please list your employment experience starting with you present or last job. Also please include any job related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)			
Job Title	Supervisor		
Reasoning for Leaving			

Employer	Dates Employed		Work Performed
Address	To	From	
Telephone Number(s)			
Job Title	Supervisor		
Reasoning for Leaving			

Employer	Dates Employed		Work Performed
Address	To	From	
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