



APPLICATION FOR EMPLOYMENT

Therapies Leading Care LLC (TLC) is an equal opportunity employer. TLC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Full Name _____ Date _____

Address _____

E-mail Address _____

Mobile Phone # _____ Home Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? ☐ Yes ☐ No (If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company names and details on the back or a separate sheet of paper.

What days/hours are you available to work? Any (check) ☐ OR Indicate below your un/availability:

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ☐ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk-In ☐ Advertisement ☐ Referral ☐ Social Media ☐



Have you ever worked for this company before? ___ Yes ___ No

If Yes, Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and Location of School	Degree Received & Date	Major
High School			
College or University (1)			
College or University (2)			
College or University (3)			
Trade/Business School			

LICENSE AND CERTIFICATION List the license(s) and certification(s) held relevant to the position for which you are applying.

License/Certification	Lic/Cert Number	State	Date Awarded	Current Status



EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
Start date: _____ End: _____ Reason for Leaving: _____

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Start date: _____ End: _____ Reason for Leaving: _____

MILITARY HISTORY

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain:

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			



CRIMINAL BACKGROUND (a conviction does not necessarily preclude employment)

Have you been convicted of a felony Yes ____ No ____

If YES, please explain: (on back of application or separate sheet)

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for TLC to hire me. If I am hired, I understand that either TLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of TLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to TLC true and complete information on this application. No requested information has been concealed. I authorize TLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. Please note: All offers of employment are conditional and subject to the satisfactory completion of a criminal background check and/or other applicable screenings, as permitted by Georgia and federal law.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 180 DAYS FROM THE DATE ABOVE.

Please submit a cover letter, Resume or CV with your application

For Administrative Purposes:

Date Received: _____

Reviewed By: _____