

LEHIGH VALLEY THERAPY AND HOME CARE

1416 MAIN STREET
NORTHAMPTON PA 18067
610-440-2270

| APPLICANT INFORMATION | | | | | | | | | | | |
|--|--|----|------------------------------|-------------------|-----------------------------|------------------------------|--|--------|--|--|--|
| Last Name | | | First | | | M.I. | | Date | | | |
| Street Address | | | | | | D.O.B. | | | | | |
| City | | | State | | | ZIP | | | | | |
| Phone | | | E-mail Address | | | | | | | | |
| Start Date Available | | | Social Security No. | | | Are you currently working? | | | | | |
| Position Applied for | | | | | | | | | | | |
| Have you been involuntarily released or asked to resign from any position? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have you been convicted of a misdemeanor within the last 5 years? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If so, when? | | | | |
| Have you ever been convicted of a felony? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, explain | | | | |
| | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| College | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Other | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| | | | | | | | | | | | |
| REFERENCES | | | | | | | | | | | |
| <i>Please list three professional references.</i> | | | | | | | | | | | |
| Full Name | | | Relationship | | | | | | | | |
| Company | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | Relationship | | | | | | | | |
| Company | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | Relationship | | | | | | | | |
| Company | | | Phone | | | | | | | | |
| Address | | | | | | | | | | | |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| SKILLS | |
|------------------------------|--------------------------------|
| CPR Certified | Do you own a vehicle yes no |
| Professional Licenses | Have a driver's License? |
| Special skills or experience | |
| Languages spoken fluently | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment/contract agreement, I understand that false or misleading information in my application or interview may result in my release. [Initial] _____ | |
| I also understand that I will be required to be on call certain days as part of my employment/contractual agreement with Lehigh Valley Therapy. [Initial] _____ | |
| I also understand that I will be required to work every other weekend up to 12 hours per day and that the hours will be determined by the staffing needs of the Lehigh Valley Clients, [Initial] _____ | |
| I understand once hired I cannot change my work availability that was agreed upon when LVT offered me a position in the company. [Initial] _____ | |
| Signature | Date |

