

THERAPYLAND

Employment Application

6505 Shiloh Rd. Suite 100
Alpharetta, GA 30005
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info@therapyland.net email



APPLICANT INFORMATION

First Name		Last		M.I.		Date	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone			E-mail Address				
Position				Degree			
List Experience							
Pediatric Experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Many Years?				
Current Employer			Why are you looking to leave?				
Any Felonies/Arrests?							
Are you confident in treating children w/o supervision?							
Are you confident in administering evaluations and creating goals?							
How soon are you available to start?							
What days/hours are you available to work?							
Are you open to working evenings and/or Saturdays?							

EXPLAIN YOUR LONG TERM CAREER GOALS

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EXPLAIN YOUR SALARY REQUIREMENTS & MOST IMPORTANT BENEFITS

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DISCLAIMER AND SIGNATURE

<p><i>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>
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Signature	Date
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