

# ISLAND THERAPY CENTER EMPLOYMENT APPLICATION

2242 Periwinkle Way, Suite 2, Sanibel, FL 33957 Tel: (239) 395-5858 Fax: (239) 395-5857  
info@islandtherapycenter.com

***We consider all applicants for all positions without regard to race, color, religion, sex, age, marital status, veteran status, national origin, sexual orientation, the presence of non-job related medical condition or disability or any other protected status. We are an equal opportunity employer.***

## Instructions for Completion

Please print all information as clearly as possible in ink. Provide all applicable information as detailed as possible as this will provide us with more background information and increase your chances of employment. Please do not leave any blanks or question unanswered. If a specific question does not apply, please state 'does not apply (N/A)'. All information provided will be kept confidential unless you otherwise state. You may supplement this application with a resume, but this application must be completed and submitted for employment consideration.

Date of Application: _____	Date of Availability: _____
Position(s) Applied For: _____	Salary Expectation: _____

Name: _____ <small>Last First Middle</small>	Home Phone: _____
E-Mail: _____	Mobile Phone: _____
Address: _____ <small>Number Street City State Zip Code</small>	
Alternate Address/Contact Information: _____	

## Required Responses

1. If employed and under 18 years of age, can you furnish a work permit? Yes \_\_\_\_ No \_\_\_\_
2. Have you filed an application with this company before? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been employed with this company before: Yes \_\_\_\_ No \_\_\_\_  
If yes, give date: \_\_\_\_\_
4. Are you currently employed: Yes \_\_\_\_ No \_\_\_\_  
If yes, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_
5. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes \_\_\_\_ No \_\_\_\_  
*(Proof of citizenship or immigration status will be required upon employment)*
6. Are you able to work? Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_
7. Have you been convicted of, plead guilty or 'no contest' to a felony crime? Yes \_\_\_\_ No \_\_\_\_  
*(Conviction will not automatically disqualify applicant from employment)*  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been excluded from participation in any federally funded health care program, including but not limited to Medicare and Medicaid? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. If licensed, have you ever been sanctioned (disciplined by the licensing board)? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**Education:**

	Graduate or Professional	College University	High School or GED
School Name			
Years Completed	1 2 3 4 5 6	1 2 3 4	9 10 11 12
Diploma/Degree			
Year received			

Licenses/Certifications	State	Number	Active/In-Active

Advanced Certifications or Clinical Specialties and year received	

**References:** Give name address and telephone numbers of three (3) references who are not related to You, and who are not previous employers.

1. Name: _____	Phone: _____
Address: _____	
2. Name: _____	Phone: _____
Address: _____	
3. Name: _____	Phone: _____
Address: _____	

**Employment Experience:** Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations that would reveal a legally protected status.

1. Employer: _____	Phone : _____
Address: _____	
Dates Employed:	From: _____ To: _____
Job Title: _____ Supervisor: _____	
Hourly Rate/Salary:	Starting: _____ Final: _____
Worked Performed: _____	
Reason for Leaving: _____	

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## Employment Experience: (Cont.)

2. Employer: _____	Phone : _____
Address: _____	
Dates Employed: _____	From: _____ To: _____
Job Title: _____ Supervisor: _____	
Hourly Rate/Salary: _____	Starting: _____ Final: _____
Worked Performed: _____	
Reason for Leaving: _____	

3. Employer: _____	Phone : _____
Address: _____	
Dates Employed: _____	From: _____ To: _____
Job Title: _____ Supervisor: _____	
Hourly Rate/Salary: _____	Starting: _____ Final: _____
Worked Performed: _____	
Reason for Leaving: _____	

4. Employer: _____	Phone : _____
Address: _____	
Dates Employed: _____	From: _____ To: _____
Job Title: _____ Supervisor: _____	
Hourly Rate/Salary: _____	Starting: _____ Final: _____
Worked Performed: _____	
Reason for Leaving: _____	

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**Summarize Skills and Qualifications acquired from employment experiences or education. Include any specialty skills that you could bring to this environment**

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## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from this facility constitutes an employment contract unless a specific document to that effect is executed by the facility owner and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by the facility's Code of Conduct, Compliance Plan and all related policies, procedures and guidelines.

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Signature of Applicant

Date