



# ISLAND THERAPY CENTER EMPLOYMENT APPLICATION

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

**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