

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider applications for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Name Last		First		Middle	
Address		FIISL		Middle	
Street		City		State	Zip
Phone Home	Wor	k		Cell	
Email		Pref	erred Method of C	ontact Home	Work Cell
Date of Birth	SS #	:		Male	Female
How did you learn ab	oout Schaal Therapy Center?				
Advertisement	Employment Agency	Friend/Relat	ive Walk-In	Other	
lf you are under 18 y to work?	ears of age, can you provide	required proof	of your eligibility	Yes	No
Have you ever filed a	n application with Schaal The		efore? s, give date	Yes	No
Are you currently em	nployed?			Yes	No
May we contact your	present employer?			Yes	No
Are you prevented frimmigrant status? (rom lawfully becoming emplo Proof of citizenship or immigration sta	oyed in this cou atus will be required	ntry due to Visa o upon employment).	r Yes	No
On what date would	you be available to begin wo	ork? Start Da	ate:		
Are you available to	work:	Shift Work	Tempora	ry	
Are you currently "lay-	off" status and subject to recall	?		Yes	No
Can you travel if a jo	b requires it?			Yes	No
Have you been conv (Conviction will not necessal If yes, please explain	icted of a felony within the la arily disqualify an applicant from emp 1:	st 7 years? oyment)		Yes	No



EDUCATION

Education Level	School Name & Address	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergrad College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	То	
Phone			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact?



Employer	Dates Er	mployed	Work Performed
Address	From	То	
Phone			
Starting/Present Job Title	Hourly Ra	ite/Salary	
Supervisor	Starting	Final	
Reason for Leaving			May we contact?
Employer	Dates Er	mployed	Work Performed
Address	From	То	
Phone			
Starting/Present Job Title	Hourly Ra	ite/Salary	
Supervisor	Starting	Final	
Reason for Leaving			May we contact?
COMMENTS: Include explanation of any ga	ps in employment.		



OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experience.				
SPECIALIZED SKILLS: Check skills/ Equipment Operated				
Technical Skills:	Production/Mobile Machinery:	Other:		
Computer Microsoft Office				
Fax Email				
Calculator Programming				
Typewriter Database Systems				
ADDITIONAL INFORMATION: State any additional information that m	nay be helpful to Schaal Therapy Center	in consideration of your application.		
A description of the activities involved in	n the job or occupation of interest should	d be provided.		
DO NOT ANSWER THE FOLLOWING QUI JOB FOR WHICH YOU ARE APPLYING.	JESTION UNLESS YOU HAVE BEEN INFO	DRMED OF THE REQUIREMENTS OF THE		
Are you capable of performing in a reas involved in the job or occupation for wh	onable manner, with or without reasona ich you have applied?	able accommodation, the activities		
	Yes No			



REFERENCES

	Name	Address	Phone Number
1			
2			
3			

AGREEMENT

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. I understand that this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 that i am required to abide by all rules and regulations of Schaal Therapy Center.

Signature of Applicant	Date	

PLEASE SUBMIT COMPLETED APPLICATION TO:

Schaal Therapy Center Attn: Jenny Schaal 334 S. 13th St. Burlington, CO 80807