



AMERICAN THERAPEUTIC CORPORATION
" A CENTER OF EXCELLENCE "

Last Name, First Name: _____ Date: __/__/__



AMERICAN THERAPEUTIC CORPORATION
" A CENTER OF EXCELLENCE "

Application for Employment Instructions

Thank you for your interest in our company. Your application will be considered regardless of race, creed, color, religion, national origin, disability, marital status, gender, sexual orientation, veteran status, or any other characteristic that is or may be a legally prohibited basis for employment decisions.

Please read these instructions carefully before completing your application. We ask that you fill it out thoroughly, even if you are including a resume, since much of our assessment is based on the information you provide on this application. **For this reason, an incomplete application will not be considered.** A resume may also be submitted along with this application but you are still required to answer EACH question on this application.

To facilitate degree verification, be sure to list all schools attended. In the Experience section of the application, be sure to include employer's phone numbers as well as mailing addresses.

All applications will be reviewed by a representative of the Human Resources Department. If your experience and qualifications meet our immediate employment needs, you will be contacted by letter or telephone to arrange for a screening interview. Since you have devoted time and effort to your employment application, you may appreciate knowing that we consider applications active for 6 months. If during that time a suitable match to your background and career interest develops, we will contact you for an interview. Only one application is necessary in any 6-month period.

To protect the health and safety of our employees, maintain a productive workforce, and provide the highest quality services to our clients, American Therapeutic Corporation is a drug-free workplace. Accordingly, all applicants for employment are required to submit to a background screening, including but not limited to drug testing as part of our pre-employment screening process. Applicants who test positive are initially disqualified from employment for six months. Applicants who test positive on a subsequent test are ineligible for employment at American Therapeutic Corporation and are precluded from reapplying.



American Therapeutic Corporation

An Equal Opportunity Employer

Application for Employment

All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Agency _____

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle

5. Address _____
City State Zip

6. Home Phone _____

7. Business Phone _____

8. E-mail Address _____

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7 8

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time _____ Hours/week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

b. **Job Title** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time _____ Part-time _____ Hours/week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____ Contracts _____
- c. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? No Yes.
 Occasionally overnight, Frequently overnight. If yes, During the day only
- e. List the geographic locations in which you are willing to work. _____
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): Date of Charge: Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

*Convictions include Florida juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 ___ Month ___ Day ___ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with American Therapeutic Corporation. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize American Therapeutic Corporation to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: _____

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- Referral
- Online
- Employment Agency
- Other (please specify)
Careerbuilder.com

*specify name of newspaper or other media

Supplementary Experience Form

Social Security Number _____

Position Applied For _____

Name _____

Job Title _____

Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____

Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____

Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____

Your name if different from present _____

Job Title _____

Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

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Reason for leaving _____

Full-time ___ Part-time ___ Hours/week _____

Your name if different from present _____

Supplementary Experience Form

Social Security Number Name

Position Applied For

Job Title Employer Address

Duties: Phone

Type of business Immediate supervisor Title

Number and titles of employees you supervised

Salary (start) (finish) Dates (mo/yr) to (mo/yr) Full-time Part-time Hours/week

Equipment used Reason for leaving Your name if different from present

Job Title Employer Address

Duties: Phone

Type of business Immediate supervisor Title

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Salary (start) (finish) Dates (mo/yr) to (mo/yr) Full-time Part-time Hours/week

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Duties: Phone

Type of business Immediate supervisor Title

Number and titles of employees you supervised

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Job Title Employer Address

Duties: Phone

Type of business Immediate supervisor Title

Number and titles of employees you supervised

Salary (start) (finish) Dates (mo/yr) to (mo/yr) Full-time Part-time Hours/week

Equipment used Reason for leaving Your name if different from present

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
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Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
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Employer _____	_____
Address _____	_____
_____ Phone _____	_____
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Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
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American Therapeutic Corporation
Core Competency Interview Questions

Competencies	Probes
Communication, Professional Presence, Personal Organization, Analytical/Problem Solving, Thoroughness, Quality Focus, Cooperation, Flexibility, Continuous Learning & Improvement, Technology Literacy	1. Do 2. Say 3. Think 4. Feel

Competency/Question	Response
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Please answer one question from each section.

Communication <input type="checkbox"/> Tell me about a time when you had to explain a complex task to a co-worker or manager/executive. <input type="checkbox"/> Tell me about a time when you had to change someone else's point of view. <input type="checkbox"/> Tell me about a time when you didn't understand what you were being told.	
Professional Presence <input type="checkbox"/> Tell me about a time when you had to deal with a difficult customer. <input type="checkbox"/> Tell me about a time when you had a pressing deadline.	
Personal Organization <input type="checkbox"/> Tell me about a time when you had to prioritize several work assignments or projects at once. <input type="checkbox"/> Tell me about a time when you had to coordinate the schedules of multiple people. <input type="checkbox"/> Tell me about a time when you had to maintain files/information for multiple people.	
Analytical/Problem Solving <input type="checkbox"/> Tell me about a time when you had to solve a complex problem. <input type="checkbox"/> Tell me about a time when you needed someone else's help to solve a problem. <input type="checkbox"/> Tell me about a time when you didn't have enough information to solve a problem.	
Thoroughness <input type="checkbox"/> Tell me about a time when you	

<p>were given a task to perform from beginning to end.</p> <p><input type="checkbox"/> Tell me about a time when you had to work on an assignment that had many parts or steps.</p>	
<p>Quality Focus</p> <p><input type="checkbox"/> Tell me about a time when you were asked to complete an assignment or project in which there was no clear outcome.</p> <p><input type="checkbox"/> Tell me about a time when you had to determine if you had been successful in a work assignment or project.</p>	
<p>Cooperation</p> <p><input type="checkbox"/> Tell me about a time when you had to work with one or more diverse people to solve a complex business problem.</p> <p><input type="checkbox"/> Tell me about a time when you were working on an assignment with someone who had less experience than you did.</p>	
<p>Flexibility</p> <p><input type="checkbox"/> Tell me about a time when you had to work with a person whose ideas were very different than yours.</p> <p><input type="checkbox"/> Tell me about a time when you were asked to change the way you did something.</p>	
<p>Continuous Learning & Improvement</p> <p><input type="checkbox"/> Tell me about a time when you had to learn something new in order to do your job effectively.</p> <p><input type="checkbox"/> Tell me about a time when you were frustrated with the current way of doing things.</p> <p><input type="checkbox"/> Tell me about a time when you were frustrated by the performance of one of your colleagues.</p>	
<p>Technology Literacy</p> <p><input type="checkbox"/> Tell me about a time when you had to use multiple software tools to create a product.</p> <p><input type="checkbox"/> Tell me about the first time you had to learn the Internet.</p>	
<p>Interest & Understanding</p>	<p>Probes</p>
<p>-Stated interest in required type of work</p> <p>-Demonstrated comprehension of work objectives & activities</p>	<p>1. Do</p> <p>2. Say</p> <p>3. Think</p> <p>4. Feel</p>

-Demonstrated understanding of lifestyle commitments	
Interest/Understanding Question	Response
Interest <input type="checkbox"/> Why do you want to work at American Therapeutic Corporation? <input type="checkbox"/> What would be the most rewarding aspect of working at American Therapeutic Corporation? <input type="checkbox"/> What is your reaction to potentially having to work evening or weekend hours for this job? <input type="checkbox"/> What is your biggest concern about working at American Therapeutic Corporation?	