

ADAPTIVE SOLUTIONS MULTI SERVICES
(SLP, PT, OT, Psychology, PLLC
Integrated and Special Class Program

992 Gates Avenue
Brooklyn, NY 11221

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone () _____ Social Security # _____

Position applied for _____

How did you hear of this opening _____

When can you start _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis Yes No

Are you looking for full time employment Yes No

If no, what Days and hours are you available _____

Have you ever been convicted of a felony Yes No

If yes, please describe conditions: _____

Education: School Name and Location Year Major Degree

High School _____

College _____

College _____

Other Training _____

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In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

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Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____

Date _____