



## EMPLOYMENT APPLICATION

In order for this application to be considered, all sections must be completed in full, and the application must be signed and dated.

This application will be considered active for ninety (90) days. If you have not been employed within this period and you are still interested in employment, please contact our office via [hiring@libraot.com](mailto:hiring@libraot.com) and request your application to be re-activated.

It is the policy of Libra OT PLLC to hire, train, promote, educate, and administer all employment practices without regard to race, color, religion, sex, national origin, age, veteran status, medical condition, or disability unrelated to the ability to perform a job.

(PLEASE PRINT CLEARLY)

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Experience (yrs): \_\_\_\_\_

Rate of Pay Desired: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Agency \_\_\_\_\_ Other

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status?  Yes  No

**\*\*\* Proof of citizenship or immigration status will be required.**

Are you available to work?  Full-time  Part-time  Both

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?  Yes  No

What reasonable accommodation, if any, would you request? \_\_\_\_\_  
\_\_\_\_\_

If you are offered employment, when will you be available to begin work? \_\_\_\_\_

Are you willing to work on days other than your normal work-week schedule?  Yes  No

Are you willing to work overtime?  Yes  No

Have you ever been discharged or asked to resign from the job?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are any criminal charges pending against you at this time?  Yes  No

If Yes, please explain (A "Yes" answer will not necessary disqualify applicant from employment):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (excluding minor traffic violations, such as speeding, parking infractions, etc.)  No  Yes, I was convicted of \_\_\_\_\_ on

\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_ .  
Date City State

Please explain current disposition of conviction: \_\_\_\_\_  
\_\_\_\_\_

(Conviction will not necessary disqualify applicant from employment)

Have you ever filed a lawsuit or other type against a previous employer?  
(Do not include any complaint, charge or action based on color, sex, race, religion, age, national origin, disability, medical leave, overtime, or workers compensation)  Yes  No

If Yes, please state the nature of the claim, dates and disposition: \_\_\_\_\_  
\_\_\_\_\_

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: \_\_\_\_\_  
\_\_\_\_\_

Provide the name, address and telephone number of three (3) references who are not related to you, and are not previous employers:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

(Complete information pertaining to the last school attended)

High School \_\_\_\_\_ Years Attended \_\_\_\_\_  
Name

Date of Diploma \_\_\_\_\_ GED \_\_\_\_\_

University/College \_\_\_\_\_

Year(s) Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Degree/Area of Study \_\_\_\_\_

**\*\*\* For OTR/L, COTA/L original license will be required.**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include US Military service assignments.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## AKNOWLEDGEMENT

I certify that, to the best of my knowledge, the statements made in this application for employment are true and correct. I agree that Libra OT PLLC may investigate my statements to ensure they are accurate. I understand and agree that any false statements or omissions in this application may result in my immediate termination. I have listed all past employers and personal references, and I authorize such companies and persons to provide Libra OT PLLC information concerning me, and agree to release such companies and persons from any liability for providing such information. I understand and agree that a condition of my employment (and, if employed, my continued employment) is my non-participating in and non-passing drugs and/or alcohol. I further agree and consent to submit screening tests for Libra OT PLLC, if and when requested by Libra OT PLLC, as may be deemed appropriate due to justified upraised concern or facts of my participating in and passing drugs and/or alcohol, and agree that Libra OT PLLC shall be held harmless and free from any liability that may arise in connection with any drug, alcohol or screening tests in which I participate.

I understand that Libra OT PLLC does not unlawfully discriminate in employment and no question in this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by any local, state, or federal law.

I authorize Libra OT PLLC to contact former employers and educational institutions regarding my employment an education. I authorize my former employers and educational institutions to fully and freely communicate information regarding my previous employment and education.

I understand that, if employed, I will be an employee at-will and agree that Libra OT PLLC may terminate my employment at any time, for any reason, or no reason at all with or without cause, and with or without prior notice. I also understand and agree that no Libra OT PLLC policy, guideline, manual, handbook, application, method of payment or interval of payment shall create any contract for employment or obligation on the part of Libra OT PLLC to hire me or maintain my employment for any specified length of time. I also understand that no employee or manager of Libra OT PLLC has the authority to verbally create any contract for employment with me, and I agree that no contract for employment between Libra OT PLLC and me shall be valid unless expressly stated in writing and signed by President of Libra OT PLLC.

I further agree that should I become employed, Libra OT PLLC may deduct and withhold from my paycheck(s) any amount(s) which I may owe Libra OT PLLC.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_