Fremont Therapy Group, LLC **Job Application**

2002 W. Sunset Drive, Suite 1 Phone 307-856-7021

Riverton, WY 82501 Fax 307-856-5546

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | |
| Last | First |  | MI | SSN# | Email |  |
|  |  | |  |  |  | |
| Street Address |  | City | ST | Zip | Home Phone | Mobile |
|  | |  |  |  |  |  |
| Are you entitled to work in the United States? | | | Are you 18 or older? | | Date of Birth | |
|  | | |  | |  | |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | | | | | If yes, please explain: | |
|  | | | | |  | |
| Military Service? | Branch |  | Are you a veteran? | | War | |
|  |  | |  | |  | |
| What position are you applying for? | | | How did you hear about this position? | | | |
|  | | |  | | | |
| Expected Hourly Rate | Expected Weekly Earnings | | Date Available | | | |
|  |  | |  | | | |
| **Prior Work Experience** | | | | | | |
|  | Current or Most Recent | | Prior |  | Prior |  |
| Dates |  | |  | |  | |
| Employer |  | |  | |  | |
| City, ST, ZIP |  | |  | |  | |
| Telephone |  | |  | |  | |
| Name of Immediate Supervisor |  | |  | |  | |
| Dates of Employment | From | To | From | To | From | To |
|  |  |  |  |  |  |
| Position/Job Title |  | |  | |  | |
| Pay |  | |  | |  | |
| Reason for Leaving |  | |  | |  | |
| May We Contact |  | |  | |  | |
| **Education** | | | | | | |
|  | Name/Location |  | Last Year Complete | | Degree | Major |
| High School |  | | 9  10  11  12 | |  |  |
| College/University |  | | 1  2  3  4 | |  |  |
| Trade School |  | |  | |  |  |
| Other |  | |  | |  |  |
| List any applicable special skills, training or proficiencies. | |  | | | | |
|  |  |  |  |  |  |  |
| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. | | | Signature | | | Date |
|  | | |  |