



TFP THERAPEUTIC SERVICES

veterans ♦ community ♦ families

Application for Employment

TFP Therapeutic Services, Inc. is an Equal Opportunity Employer
 We consider applicants 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.

**DO NOT LEAVE ANY BLANKS. ATTACH RESUME IF APPLICABLE
 (PLEASE PRINT)**

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Email Address			
Telephone Number(s)		Social Security Number	

EMERGENCY CONTACT

Name	Relationship	Phone Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? Yes No If yes, date _____

Have you ever worked for or contracted with TFP? Yes No If yes, date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally able to work in the United States? Yes No

On what date would you be available for work? _____



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Are you available to work: Full time Part time Shift work Temporary

Are you currently on “lay-off” status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

EDUCATION	Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			



EMPLOYMENT EXPERIENCE

Start with your current job and list jobs for the last **10 years** if applicable.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				



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Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

CLERICAL SKILLS

(Check Appropriate Skills)

<input type="checkbox"/> Calcuator/10 key <input type="checkbox"/> Typewriter <input type="checkbox"/> Fax <input type="checkbox"/> Multi-phone System	<input type="checkbox"/> MS Office <input type="checkbox"/> MS Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point	Accounting Software <input type="checkbox"/> Quick Books <input type="checkbox"/> Other (list) _____	<input type="checkbox"/> AP/AR <input type="checkbox"/> ICD-9-CM <input type="checkbox"/> CPT Coding _____
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SKILLS & TRAINING

Describe any specialized training, apprenticeship, and skills.



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REFERENCES

1. _____			
NAME	PHONE #	RELATIONSHIP	
ADDRESS (CITY,STATE,ZIP)			YEARS KNOWN
2. _____			
NAME	PHONE #	RELATIONSHIP	
ADDRESS (CITY,STATE,ZIP)			YEARS KNOWN
3. _____			
NAME	PHONE #	RELATIONSHIP	
ADDRESS (CITY,STATE,ZIP)			YEARS KNOWN

APPLICANT'S ACKNOWLEDGEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

Authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any Employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Organization.

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, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____



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PLEASE RETURN COMPLETED APPLICATION ACCOMPANIED BY RESUME TO:

**TFP THERAPEUTIC SERVICES, INC.
390 NE 2ND STREET
ONTARIO, OR 97914**

INTERVIEW NOTES

FOR PERSONNEL DEPARTMENT USE ONLY

APPLICATION

Position(s) Applied for is Open: Yes No

Position(s) Considered For:

INTERVIEW

Arrange Interview Yes No Date: _____

COMMENTS: _____

Interviewer _____ Date _____

EMPLOYMENT STATUS

Hired Yes No Date of Employment _____ Hourly Rate _____

Job Title _____ Department _____

By _____
Name and Title _____ Date _____

INTERVIEW NOTES:

