



Application for Employment

Dear Applicant: Thank you for your interest in employment with MECA Therapies. In compliance with our policies and Federal and State laws, qualified applicants are considered for positions without regard to race, religion, gender, nationality, ethnicity, age, sexual orientation, marital or veteran status or any other legally protected status.

Our selection process is designed to provide an equal opportunity for all and begins with the accurate completion, in its entirety, of this application. Failure to complete any part of the application may disqualify you from consideration for a position.

POSITION(S) APPLIED FOR

Position Applied For: _____ Date: _____

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

Full Legal Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone (day): _____ Email Address: _____

Have you filled out an application and/or been employed here before? YES NO

Are you able to be lawfully employed in the United States? YES NO

Would there be restrictions on travel if the job requires it? YES NO

Have you ever been convicted of a crime? _____ If yes, please provide details of all convictions and locations of all convictions. (A yes answer will not necessarily disqualify you from employment.)

| Education: | High School | College/University | Graduate/Professional |
|---|-------------|--------------------|-----------------------|
| Name and Address of School: | | | |
| Years Completed: | | | |
| Diploma/Degree: | | | |
| Describe Course of Study: | | | |
| Describe Specialized Training/ Internships/Apprenticeship: | | | |

EMPLOYMENT EXPERIENCE

- List each job held. Start with your present or last job, listing the month and year.

| | | | |
|---------------------------------------|-----------|--------------------|-------|
| Employer | Telephone | Dates (month/year) | |
| | | From | To |
| Job Title: | | | |
| Supervisor: | | Hourly Rate/Salary | |
| | | Starting | Final |
| Reason for leaving: | | \$ | \$ |
| Describe duties and responsibilities: | | | |

| | | | |
|---------------------------------------|-----------|--------------------|-------|
| Employer | Telephone | Dates (month/year) | |
| | | From | To |
| Job Title: | | | |
| Supervisor: | | Hourly Rate/Salary | |
| | | Starting | Final |
| Reason for leaving: | | \$ | \$ |
| Describe duties and responsibilities: | | | |

| | | | |
|---------------------------------------|-----------|--------------------|-------|
| Employer | Telephone | Dates (month/year) | |
| | | From | To |
| Job Title: | | | |
| Supervisor: | | Hourly Rate/Salary | |
| | | Starting | Final |
| Reason for leaving: | | \$ | \$ |
| Describe duties and responsibilities: | | | |

PROFESSIONAL REFERENCES (not relatives):

1. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

2. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

3. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

May we contact your current employer? Yes No

Agreement

(Please read the following statements and sign below.)

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the absence of my signature on the application may disqualify me from consideration.

I understand and agree that neither this document nor any offer of employment from MECA Therapies constitutes an employment contract. If an employment relationship is established, I understand that both MECA Therapies and I may terminate my employment at any time for any reason. For all purposes, I will be an "at-will" employee.

I authorize MECA Therapies to make such investigations and inquiries of my personal, employment, driving, or criminal history and other matters related to verifying information on this application as may be necessary in arriving at an employment decision. I hereby release MECA Therapies, from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date