



**LEOSR**  
 Little Elm Orthopedic & Spine Rehab, P.C.  
 DBA Little Elm Therapy Staffing Services

6136 Frisco Square #400  
 Frisco, Tx 75034  
 972-924-9799 Main  
 972-619-3202 # to Text  
 972-544-7321 Fax

## APPLICATION FORM

### I. PERSONAL INFORMATION

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

First

M. I.

Last

Address: \_\_\_\_\_

City

State

ZipCode

Phone: \_\_\_\_\_

Cell

Email

Are you authorized to work in the United States of America?  Yes  No (proof of citizenship or employment authorization required).

Have you filed an application with us before?  Yes  No If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No If Yes, may we contact your employer?  Yes  No

What date are you available for work? \_\_\_\_\_ Are you available to work Full Time?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Are you a Veteran of a U.S. Military Service?  Yes  No If Yes, what branch? \_\_\_\_\_

### II. PROFESSIONAL/EMPLOYMENT INFORMATION

Please list below ALL the Professional License/s you are currently holding or have held before:

Type of License	License Number	Issuing State	Expiration Date
-----------------	----------------	---------------	-----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*How many years of geriatric home health experience? \_\_\_\_\_

\*How many years of geriatric therapy experience? \_\_\_\_\_

\*Cities/Counties you are able to service: \_\_\_\_\_

Have you ever had your professional license suspended or revoked?  Yes  No If yes, state, date, when \_\_\_\_\_

List last three employers, starting with your present or most recent one:

<u>Company Name &amp; Address</u>	<u>Telephone</u>	<u>Position/Salary</u>	<u>Reason for Leaving</u>	<u>Start/End Date</u>
-----------------------------------	------------------	------------------------	---------------------------	-----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### III. EDUCATION BACKGROUND

List last three schools/colleges/universities you have attended, start with the most recent.

<u>Name/Address of School</u>	<u>Start Date</u>	<u>End Date</u>	<u>Degree Earned</u>
-------------------------------	-------------------	-----------------	----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### IV. SPECIAL SKILLS & TRAINING

Software: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Certification/Specialized Training: \_\_\_\_\_

### V. REFERENCES

List three personal references that are not related to you

<u>Name/Address of School</u>	<u>Phone Number</u>	<u>Number of Years Known</u>
-------------------------------	---------------------	------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## VI. CERTIFICATION

In making application for employment:

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.

I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### For office use only:

References Checked: \_\_\_\_\_ date \_\_\_\_\_

If Hired: Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_ FT/PT/Per Visit: \_\_\_\_\_