

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:	Date:		
		Date:			
PERSONAL INFORMATION					
Full Legal Name:					
Last	First		Middle		
Address:					
Street	City	State	Zip		
Phone (day):	Email Ad	dress:			
Have you filled out an application a	and/or been employed here be	fore? \(\subseteq \text{YES}	□ NO		
Are you able to be lawfully employed in the United States?		☐ YES	□ NO		
Would there be restrictions on trav	vel if the job requires it?	☐ YES	□ NO		
Education:	High School	College/University	Graduate/Professional		
Name and Address of School:					
Years Completed:					
Diploma/Degree:					
Describe Course of Study:					
Describe Specialized Training/					

EMPLOYMENT EXPERIENCE

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

Employer	Telephone	Dates (month/year)	
1-7-		From	То
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:		1	
Employer	Telephone	Dates (month/year)	
		From	То
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:			
	T		
Employer	Telephone	Dates (month/year)	
		From	То
Job Title:			
			D : /G !
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:			

PROFESSIONAL REFERENCES (not relatives): 1. Occupation: Address: Phone#: Email Address: 2. Occupation: Name: _____ Address: _____ Phone#: Email Address: 3. 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.

Date

Signature of Applicant