



EMPLOYMENT APPLICATION

Integrated Therapy Specialists, L.L.C. (I.T.S.) offers Equal Employment Opportunities to all persons without regard to race, religion, age, sex, color, national origin, citizenship, marital status, sexual orientation, or disability. No question on this application is intended to secure information to be used for such discrimination. The use of this form does not mean there are positions open and does not obligate us in any manner. Your employment application is held for 6 months. You must reapply if you wish to be considered for employment beyond this period. Should you require reasonable accommodation to participate in the completion of this application, please notify us at the time of the application or when an appointment to complete the application is made.

PERSONAL INFORMATION

| | | |
|--|-----------------------------|-------------------------------------|
| Last name | First name | Middle initial |
| Social Security number | Today's date | Date available to start work () |
| Telephone number (Home) | Telephone number (Business) | Message telephone number |
| Address (number, street, apartment number) | | |
| City | State | Zip |

Were you previously employed by Integrated Therapy Specialists? Yes No

If YES, Date: _____ to _____

Position: _____

Company/Division: _____

Reason for leaving: _____

If NO, how were you referred?

- Advertisement (specify): _____
- Employment agency (company): _____
- Employee referral (name of employee): _____
- School: _____
- Convention: _____
- Direct Mail: _____
- Other (specify): _____

List names and departments of relatives employed by Integrated Therapy Specialists. If additional space is needed, please list on another sheet.

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

If not a citizen of the United States, do you have the right to remain and work in the United States? Yes No

Alien Registration Number (Visa #) _____ Expiration date _____ Type of Card _____

Are you over the age of 18 years? Yes No If NO, employment is subject to verification that you are of minimum age.

Have you ever been convicted of a crime other than a minor traffic violation? (I understand that this information is not an absolute bar to employment but that such information may be considered for special job requirements.)

Yes No If YES explain: _____

Can you perform the functions of the job for which you are applying with or without reasonable accommodation? Yes No

JOB INTEREST

Position(s) for which you are applying:

Check preferred work schedule:

- Full-time
- Part-time
- Per Diem
- On Call
- Temporary

NAME: _____



OTHER JOB-RELATED TRAINING/EXPERIENCE

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? If so, please state what training or experience you have had.

PLEASED READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM BELOW.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application, or have noted the name of the individual assisting me or on any document used to secure employment, shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize I.T.S. and its subsidiaries to thoroughly investigate my references, work record, education, and other matters related and its subsidiaries any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release I.T.S. and its subsidiaries, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising, or that may arise, out of, or in any way related to, such investigation or disclosure.

I acknowledge and agree that this application will be considered by I.T.S. and its subsidiaries for no longer than 6 months from the date it was made.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between myself and I.T.S. or its subsidiaries. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, and for any reason or no reason, at the option of either myself or I.T.S. or its subsidiaries, and that promises or representations contrary to the foregoing, or given at any time in the future, are not binding.

I understand it is the policy of I.T.S. and its subsidiaries to comply with the Drug-Free Workplace Act of 1988.

I understand that some states in which I.T.S. its subsidiaries does business require healthcare professionals to undergo a job-related physical. I agree to undergo a post-employment physical if employed in any state with such requirement.

APPLICANT'S SIGNATURE

DATE

If this application has been completed by an individual other than the above applicant, please print name here:



AFFIRMATIVE ACTION REPORTING REQUIREMENTS

Integrated Therapy Specialists, L.L.C. is required by federal law to maintain records as part of its affirmative action program. Please answer the appropriate questions listed on this sheet. Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated confidentially. The information will be retained only for the purpose of monitoring the success of the company's affirmative action program and will not be used for or have any effect on any hiring decision.

Application Date: _____

Applicant's Name: _____

Race/National Origin: _____

Sex: _____

Handicap Status: _____

Veteran Status: _____

Job Applied For: _____

FOR ADMINISTRATIVE USE ONLY

Name(s) of individuals who reviewed application or interviewed applicant:

Position offered and selected

Manager rejected applicant

Reason for non-selection _____



| Type of School | Name and Location | Years Completed | Major Course of Study | Graduated (Yes or No) | Degree |
|--------------------|-------------------|-----------------|-----------------------|-----------------------|--------|
| High School | | | | | |
| College/University | | | | | |
| Graduate School | | | | | |
| Technical/Business | | | | | |

Please list any job-related professional, trade, business or civic activities, organizations, fellowship and associations in which you participated, or of which you are a member. (You may omit those which indicate race, color, religion, political affiliations, national origin, ancestry, disability, sex or age.)

Are you now licensed or certified in your profession or occupation? Yes No In Which state(s)? _____

If not licensed in this state, have you applied? Yes No _____

Professional license, certificate or registration number: _____ Expiration date: _____

Other Licensure/Certifications: _____ Expiration Date: _____

THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ACCOMPANIED BY A RESUME. Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience.

1. _____
Name of current/most recent employer

Employer's address (number/street) City State Zip

Dates employed: From _____ To _____ Title(starting): _____ Title(final): _____

Job duties: _____ Starting salary: \$ _____ Final salary: \$ _____

_____ Hourly Weekly Monthly Yearly

_____ May we contact this employer? Yes No

Reason for leaving: _____ Telephone number (_____) _____

_____ Supervisor (name and title): _____



EMPLOYMENT HISTORY (cont'd)

2. _____
 Name of employer _____

 Employer's address (number/street) City State Zip

 Dates employed: From _____ To _____ Title(starting): _____ Title(final): _____

 Job duties: _____ Starting salary: \$ _____ Final salary: \$ _____

 _____ Hourly Weekly Monthly Yearly

 _____ May we contact this employer? Yes No

 Reason for leaving: _____ Telephone number (_____) _____

 _____ Supervisor (name and title): _____

3. _____
 Name of employer _____

 Employer's address (number/street) City State Zip

 Dates employed: From _____ To _____ Title(starting): _____ Title(final): _____

 Job duties: _____ Starting salary: \$ _____ Final salary: \$ _____

 _____ Hourly Weekly Monthly Yearly

 _____ May we contact this employer? Yes No

 Reason for leaving: _____ Telephone number (_____) _____

 _____ Supervisor (name and title): _____

4. _____
 Name of employer _____

 Employer's address (number/street) City State Zip

 Dates employed: From _____ To _____ Title(starting): _____ Title(final): _____

 Job duties: _____ Starting salary: \$ _____ Final salary: \$ _____

 _____ Hourly Weekly Monthly Yearly

 _____ May we contact this employer? Yes No

 Reason for leaving: _____ Telephone number (_____) _____

 _____ Supervisor (name and title): _____