

# **INTEGRATIVE PEDIATRIC THERAPY EMPLOYMENT APPLICATION**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO:    CELL: \_\_\_\_\_                      HOME: \_\_\_\_\_

                    OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?                      \_\_\_ YES \_\_\_ NO

ARE YOU A US CITIZEN OR DO YOU HAVE A WORK PERMIT?    \_\_\_ YES \_\_\_ NO

HAVE YOU BEEN CONVICTED OF A FELONY?                      \_\_\_ YES \_\_\_ NO

ARE YOU CURRENTLY EMPLOYED?                      \_\_\_ YES \_\_\_ NO

LIST ANY BENEFITS YOU NEED SUCH AS HEALTH COVERAGE:

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR SPECIFIC SALARY REQUIREMENTS?

\_\_\_\_\_

WHEN WOULD YOU BE AVAILABLE TO START AT IPT?

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PLEASE GIVE A BRIEF SUMMARY OF YOUR QUALIFICATIONS TO WORK AT IPT:

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PLEASE READ AND SIGN THE FOLLOWING STATEMENT: I understand that a background check, verification of prior employment, and a reference check will be conducted prior to a second interview and/or employment. I understand that IPT performs random drug testing. All statements made on this application are true and correct. I give my permission to IPT (Integrative Pediatric Therapy) to conduct the above verifications, tests, and checks.

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

PLEASE FAX THIS APPLICATION AND A COPY OF YOUR RESUME  
TO JUNE AT 469.429.2065