



**Handprints and Footsteps Pediatric Therapy, LLC**

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**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBERS : (H) \_\_\_\_\_ (C) \_\_\_\_\_ SS#: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION APPLYING FOR: CONTRACTOR PROFESSIONAL LICENSE #: \_\_\_\_\_

NPI #: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_

OTHER INSURANCE #: \_\_\_\_\_

TAXES TO BE WITHELD: NONE

**PREVIOUS WORK EXPERIENCE (LIST LAST EMPLOYMENT FIRST)**

DATE (STARTING/ENDING)	COMPANY / ADDRESS	POSITION	SALARY (STARTING/ENDING)	REASON FOR LEAVING
-			/	
-			/	
-			/	

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

**REFERENCES**

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

**EDUCATION**

SCHOOL	DEGREE/PROGRAM	GRADUATION YEAR	HONORS/AWARDS

DO YOU HAVE ANY ALLERGIES OR MEDICAL INFORMATION THAT COULD POTENTIALLY AFFECT YOUR ABILITY TO PERFORM THE JOB THAT YOU ARE APPLYING FOR?      YES                  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A VALID NC DRIVERS LICENSE?      YES                  NO

DO YOU CARRY PERSONAL LIABILITY INSURANCE?      YES                  NO  
IF YES: COMPANY NAME: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

HAVE YOU HAD ANY MALPRACTICE CLAIMS MADE AGAINST YOU IN THE PAST 10 YEARS?      YES                  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?      YES                  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE. SHOULD ANY STATEMENTS BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY CONTRACT.**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**ALL NEWLY HIRED INDEPENDENT CONTRACTORS ARE SUBJECT TO A THREE MONTH PROBATIONARY PERIOD**