



APPLICATION FOR EMPLOYMENT

8328 MacArthur Drive
North Little Rock, AR 72118
Phone: (501) 771-4477 / Fax: (501) 823-0640

We are an Equal Opportunity Employer. We are dedicated to a policy of non-discrimination in employment and consider all applicants for positions without regard to race, sex, color, age, religion, national origin, physical/mental disabilities, veteran status or any other similarly protected class. **We are also a drug and alcohol free, as well as smoke-free, work environment!** This application is active for a period of 30 Days. **APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED.** Disabled applicants may request any accommodation needed for enablement to complete this application by informing the Receptionist of this need.

PERSONAL INFORMATION: Social Security Number: _____ Date: _____

Name: _____ Home Phone: (____) _____
Last First Middle

Address: _____ Alternate Phone: (____) _____
No. & Street City State Zip

Permanent Address: _____ Email Address: _____
No. & Street City State Zip

State name of any relative(s) already employed by Jason Hydrotherapy: _____

How were you referred to Jason? ☐ Newspaper Ad ☐ Direct Contact ☐ Employment Security Division
☐ Employment Agency (Name): _____ ☐ School (Name): _____
☐ Jason Employee (Name): _____ ☐ Internet (Site Name): _____
☐ Other: _____

EMPLOYMENT DESIRED: Position: _____ Desired Salary: _____

Date you can start: _____ Are you employed now? ☐ No ☐ Yes If yes, may we inquire of your present employer? ☐ No ☐ Yes

Ever worked for Jason Hydrotherapy before? ☐ No ☐ Yes If yes, Dept.: _____ Dates: _____

Have you ever been convicted of a felony? ☐ No ☐ Yes If yes, explain: _____

NOTE: A felony conviction will not necessarily disqualify you from employment.

Are you legally eligible for employment in the U.S.? ☐ No ☐ Yes Documentation is required upon employment.

Can you perform the essential functions of this job, either with or without reasonable accommodation? ☐ No ☐ Yes

Have you served in the U.S. Armed Forces? ☐ No ☐ Yes If Yes, Branch of Service: _____

Date of Discharge: _____ Rank at Discharge: _____

EDUCATION	Name and Location of School	Indicate Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School	_____		<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
College	_____		<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____		<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	

Subjects of special study or research work: _____

Which foreign languages do you speak fluently? _____

Read? _____ Write? _____

WORK HISTORY

Account for at least the last ten years and last four employers if appropriate, including service in the U.S. Armed Forces. List the most recent employer first. Explain all breaks in employment. Attach additional sheets if necessary.

Date Mo./Yr.	Name, Address and Telephone Number of Employer	1. Job Title 2. Department 3. Name of Supervisor	Describe Major Duties	Wages (Starting & Ending)	Reason for Leaving
From		1. _____		\$ _____	
To		2. _____		Per \$ _____	
		3. _____		Per \$ _____	
From		1. _____		\$ _____	
To		2. _____		Per \$ _____	
		3. _____		Per \$ _____	
From		1. _____		\$ _____	
To		2. _____		Per \$ _____	
		3. _____		Per \$ _____	
From		1. _____		\$ _____	
To		2. _____		Per \$ _____	
		3. _____		Per \$ _____	

Activities other than religious (Civic, Athletic, etc.) that you consider relevant to your ability to perform job: _____
Exclude organizations, the name, or character of which indicates the race, sex, color, age, religion or national origin of its members.

REFERENCES: Give below the names of three (3) persons not related to you, whom you have known at least one year.

Name	Address and Telephone	Occupation	Relationship	Years Known
1.				
2.				
3.				

Please list any other information such as special schools, training, skills, etc. that would help us evaluate you for possible employment with
JASON HYDROTHERAPY: _____

NOTICE: DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF THE STATEMENTS BELOW:

- I declare my answers to the questions on this application are true to the best of my knowledge and belief and I authorize investigation of all statements contained in this application. I understand that any false statements or omissions on this application could result in a refusal to hire, or will be sufficient reason for dismissal if they are discovered after hiring.
- I voluntarily consent to allow JASON HYDROTHERAPY or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality.**
- In the event that I am employed by **JASON HYDROTHERAPY** and receive badges, personal protective equipment, tools or other property, upon failure to return the same, I hereby authorize my employer to deduct reasonable values of such lost or damaged property from my wages in payment thereof. If I return said lost property, **JASON HYDROTHERAPY** agrees to refund the deducted amount.
- I understand that I will serve a ninety (90) calendar day probationary period as a condition of employment.
- I understand and agree that if employed, the employment will be "at will". That is, either the Company or I may end the employment relationship at any time for any reason or for no reason. I further understand that no representative of the Company may enter into any agreement with me contrary to the foregoing. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. Finally, I understand that none of the benefits or policies in any handbook issued to me by the Company are intended by reason of their publication to confer any rights or privileges upon me, or to entitle me to be or remain employed by the Company.

Signature of Applicant: _____ Date: _____