Employment Application

Direct Therapy Services, LLC
Physical Address: 1090 Med Park Dr.
Mailing Address: 301 Perkins Dr. Suite C
City/State/Zip: Las Cruces, NM 88005
Telephone: (575) 523-7243

It is the policy of Direct Therapy Services, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Name	Address	City	State	ZIP

Years at address	Primary phone	Secondary Phone	Best times to contact you?

Driver License Number	State of Issue	Social Security Number

In the event of an emergency, who should we contact?

Contact Name	Relationship	Primary phone	Secondary Phone

Posistion & Eligibility

Are you at least 18 years of age? ☐ Yes ☐ No

Are you legally eligible to work in the US? ☐ Yes ☐ No

Have you applied to our company previously? ☐ Yes ☐ No

If you answered yes to the previous question, when did you apply? _____

Are you willing to work any shift, including nights and weekends? ☐ Yes ☐ No

If no, please state any limitations: _____

If you are offered employment, when will you be available to begin work? _____

How will you get to work? _____

Referral Source - How did you hear about this opporitunity? _____

Position Applying for	Desired Salary	Per	Available Start Date

Employment History

Employer #1

Employer Name	Address	City	State	ZIP

Job Title	Duties

Reason for leaving	Employment date range (month/year)		
		to	

Employer #2

Employer Name	Address	City	State	ZIP

Job Title	Duties

Reason for leaving	Employment date range (month/year)		
		to	

Employer #3

Employer Name	Address	City	State	ZIP

Job Title	Duties

Reason for leaving	Employment date range (month/year)		
		to	

Education & Training

School #1

School Name	Address	City	State	ZIP

Graduated?	Degree(s) Earned	Other traning/certifications
☐ Yes ☐ No		

Awards/Honors anything to add?	

School #2

School Name	Address	City	State	ZIP

Graduated?	Degree(s) Earned	Other traning/certifications
☐ Yes ☐ No		

Awards/Honors anything to add?	

Skills

Skills	Years of experience	Ability (1-5)

References

Reference #1

Contact Name	Relationship	Primary phone	Secondary Phone

Reference #2

Contact Name	Relationship	Primary phone	Secondary Phone

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Direct Therapy Services, LLP to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

_____ _____

Applicant's Signature Date

ADDITIONAL CERTIFICATION OF APPLICANTS APPLYING FOR A LICENSED POSITION

I agree to notify Direct Therapy Services in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by the NM State Regulation and Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the NM State Regulation and Licensing Board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage."

_____ _____

Applicant's Signature Date

Submit

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