



Please print clearly in ink. Ultra Therapy Solutions, Inc. considers all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state, or local law. UTS also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise front office.

PERSONAL DATA	Referred by:
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FULL NAME: _____

Last First

Middle Preferred Name (Optional)

CURRENT CONTACT: _____

Phone Email Address (Optional)

CURRENT ADDRESS: _____

Street City State Zip Code

PREVIOUS ADDRESS: _____

Street City State Zip Code

How were you introduced to us? Employee Referral Newspaper Ad Walk In Internet College/University

Community Organization Other: _____ Referral? Who? _____

If hired, and you are under 18 years of age, can you furnish a work permit? Yes No

If hired, can you provide proof of identity and authorization to work in the United States? Yes No

DESIRED EMPLOYMENT

Position you are applying for: _____ Date available to start work*: _____

Desired Rate: _____

Total hours available per week*: _____

	S	M	T	W	Th	F	S
AM							
PM							

Full-time

PRN

Are you willing to travel? Yes No Coverage area (please add all zip code and Cities)

* Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, parttime work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:

Please attach an additional sheet if necessary

SECURITY

Have you ever convicted on any felony that may effect you clinically? Yes No

If yes, provide details: _____

EDUCATION

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree	Received?
HIGH SCHOOL			High School	Diploma or GED	Yes / No
COLLEGE					Yes / No
COLLEGE					Yes / No

Documentation systems

- Kinnser Therapy Sync
- Axxess
- Paper Documentation
- Others: (if so, Please name all) _____
- Cam scanner (only if you don't own a scanner or fax)

SKILLS AND QUALIFICATIONS

List any other special training, experience, skills, or qualifications relevant to the position for which you are applying (IE additional certifications/ Training):

Do you have profession Liability Insurance Circle Yes or No (If Yes, please attach to application)

If yes, What company? Effective Date _____

If no can you can you obtain one ? _____

PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

	Name	Work Relationship	Email Address	Phone Number
1				
2				
3				

May we contact each of your references? Yes No If not, who and why? _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information.

I understand that Ultra Therapy solutions, LLC. is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with Ultra Therapy solutions, LLC, except as required by applicable federal, state, and local law. In addition, if an employment relationship is established, unless I am employed in Montana, I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of Ultra Therapy solutions, LLC and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

I agree and hereby authorize Ultra Therapy solutions, LLC. to conduct a background inquiry to verify the information on this application and any Company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records, to release such information to Ultra Therapy Solutions, Inc. or their agents.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

DATE OF APPLICATION:

SIGNATURE OF APPLICANT:

MANAGEMENT ONLY

Reviewed by: _____

Signature

Name

Date

Time

APPLICANT FORMS

Applicant Notification

Interview scheduled for: _____

Date

Time