



Occupational Therapy
6924 Needham Dr.
Charlotte, NC 28270

Employment Application

Date of Application _____ Date Employed _____

Name _____ Date _____

Social Security No. _____ Marital Status _____ No. Of children _____

Position desired: Discipline _____

Professional Title _____

Date ready to start _____

Desired status (circle one) contract/full or part-time or 3/4 time employee

NBCOT No. _____

Professional License No. (list all active states)

Home Address _____

Home Phone No. _____ Mobile No. _____

No. of years at this address _____

Previous address _____

Education

High School _____ Year completed _____ Diploma _____

Awards, honors, etc. _____

College _____ Year completed _____

Degree _____ Awards, honors, etc. _____

Post-graduate school _____ Year completed _____

Degree _____

Awards, honors, etc. _____

Work experience

Name of company _____ Years of employment _____

Position _____

Reason for leaving _____

Name of company _____ Years of employment _____

Position _____

Reason for leaving _____

Name of company _____ Years of employment _____

Position _____

Reason for leaving _____

Career

objective _____

Reason for choosing this

career _____

References

1.Name _____ Address _____

Phone No. _____

2.Name _____ Address _____

Phone No. _____