

# OLIVE BRANCH FAMILY THERAPY

201 Holly Springs Rd,  
Holly Springs NC, 27540  
(919) 428-7746

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Type or Print in Ink

Personal Information				
Name:	First	Middle	Last	Home Phone
Address:	Number	Street		Work or Other Phone
	City	State	Zip	
Driver's License Number	State			
License Type, Number, and State			Current Insurance Panels	
Have you ever been convicted of a criminal act? (Conviction will not automatically exclude you from employment.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you legally allowed to work in the United States? If hired, Federal law requires documentation verifying your identity and legal authorization to work in the US.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about this position?				
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Web <input type="checkbox"/> College Posting <input type="checkbox"/> Friend <input type="checkbox"/> Other:				

Education		
NAME OF INSTITUTION	CITY/STATE	DEGREE / MAJOR
College / University		
Graduate School		
Other		
List any other education, training, special skills or certificates that you possess related to the job		



### **Important- Read before Signing**

In exchange for the consideration of my job application by Olive Branch Family Therapy, PLLC (Hereinafter called "the Company"), I agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of contractual relationship, either in the position applied for or any other position, and regardless of the contents of policy handbooks, personnel manuals, benefit plans, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract, or to confer any right to remain an contracted employee of Olive Branch Family Therapy, PLLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Clinic Owner/Director.
- Both the undersigned and Olive Branch Family Therapy, PLLC may end the contractual relationship at any time, without specified notice or reason.
- If a contract is entered, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.
- I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.
- I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.
- I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my contractual relationship; and (3) continued contractual relationship is based on the successful passing of testing under such policy.
- I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living.
- I further understand that my contractual relationship with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my contractual relation with the Company is terminable at will for any reason by either party.
- I certify that the information in this application is true and complete. Any false statements, concealments or omissions are grounds for refusal to hire or immediate dismissal if hired.
- I understand that all contract position are *at will* and may be terminated without cause and without notification by either Olive Branch Family Therapy or me.
- THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT, EXPRESSED OR IMPLIED.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

(\*If submitting electronically, a typed signature is sufficient.)