



Job Application

Salary

Position applying for: _____

Minimum salary requirements: _____

Work Availability

Date available to start working: _____

Hours available to work— M: _____

T: _____

W: _____

TH: _____

Fri: _____

Sat: _____

Personal Information

Last Name: _____

First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

SSN: _____

Any special training or skills (languages, machines, operations, etc): _____

Additional Questions

Are you currently employed? Yes No

 If Yes, name of company/employer: _____

May we contact your current employer? Yes No

 If No, why? _____

 If Yes, please provide contact name and phone number: _____

Have you ever been bonded? Yes No

 If so, when and where? _____

Will you work overtime if asked? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

Have you ever been arrested or convicted of any crimes including misdemeanors and/or felonies?

Yes No

 If Yes, please explain. (Such arrests or convictions may be relevant if job related, but will not automatically bar you from employment. Each case is considered individually) : _____

If you are licensed, registered or otherwise credentialed, have you ever been suspended, placed on probation or had other disciplinary actions taken against you? Yes No

 If Yes, please explain.: _____

References

List names and telephone numbers of at least three professional references:

	<u>Name</u>	<u>Phone</u>	<u>Years Known</u>	<u>Company/Occupation/Relationship</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

EDUCATION

Please list in order with most recent first:

Detail for Educational Institution 1

Type of School _____

School Name _____

City, State, Zip Code _____

Course of Study _____

of Years _____

Did you graduate? Yes No

Degree/Licensure/Certification _____

Detail for Educational Institution 2

Type of School _____

School Name _____

City, State, Zip Code _____

Course of Study _____

of Years _____

Did you graduate? Yes No

Degree/Licensure/Certification _____

Detail for Educational Institution 3

Type of School _____

School Name _____

City, State, Zip Code _____

Course of Study _____

of Years _____

Did you graduate? Yes No

Degree/Licensure/Certification _____

Work Experience

Detail for employer 1:

Company Name: _____

Address: _____

Name of Supervisor: _____

Telephone Number: () - _____

Your Title: _____

Employed (include Month and Year) From: _____ To: _____

Starting Pay: _____ Per hour or Per year (circle one please)

Ending Pay: _____ Per hour or Per year (circle one please)

Describe Work Performed: _____

Reason for Leaving: _____

Detail for employer 2:

Company Name: _____

Address: _____

Name of Supervisor: _____

Telephone Number: () - _____

Your Title: _____

Employed (include Month and Year) From: _____ To: _____

Starting Pay: _____ Per hour or Per year (circle one please)

Ending Pay: _____ Per hour or Per year (circle one please)

Describe Work Performed: _____

Reason for Leaving: _____

Detail for employer 3:

Company Name: _____

Address: _____

Name of Supervisor: _____

Telephone Number: (_____) _____ - _____

Your Title: _____

Employed (include Month and Year) From: _____ To: _____

Starting Pay: _____ Per hour or Per year (circle one please)

Ending Pay: _____ Per hour or Per year (circle one please)

Describe Work Performed: _____

Reason for Leaving: _____

Detail for employer 4:

Company Name: _____

Address: _____

Name of Supervisor: _____

Telephone Number: (_____) _____ - _____

Your Title: _____

Employed (include Month and Year) From: _____ To: _____

Starting Pay: _____ Per hour or Per year (circle one please)

Ending Pay: _____ Per hour or Per year (circle one please)

Describe Work Performed: _____

Reason for Leaving: _____

MILITARY SERVICE

Have you served or are you currently serving in the U.S. Armed Forces? Yes No

If yes, which branch: _____

Describe any training which you received relative to the position you are applying for: _____

Licensure/Certificates

Details for License/Certificate 1:

Type: _____

State: _____

Date issued: _____

Date Expired: _____

Registration Number: _____

Details for License/Certificate 2:

Type: _____

State: _____

Date issued: _____

Date Expired: _____

Registration Number: _____

BLS

Date issued: _____

Date Expired: _____

Registration Number: _____

ACLS

Date issued: _____

Date Expired: _____

Registration Number: _____

Other Skills/Information

Other Activities

List professional, trade, business, civic activities or offices held: _____

Please read and understand this statement below before signing your application.

The information I have provided to Specialized Physical Therapy PC (SPT) in this Application for Employment (“Application”) is true, correct, and complete. I understand that false, incomplete or misrepresented information of any kind will be sufficient cause for my Application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize SPT to contact and obtain information about me from previous employers, educational institutions, and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this Application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against SPT and all other persons, corporations or organizations who provide information for this purpose. I agree that if I've been convicted of a crime, the authorities of SPT may obtain the details of my conviction to determine its relationship to the position I'm applying for as a condition of my employment.

Any offer of employment I may receive is contingent upon my successful completion of the pre-employment screening process, including SPT receiving references that it considers satisfactory and my satisfactory completion of any post-job offer pre-employment physical examination which the employer may require.

If hired, I agree to comply with SPT's policies, rules, regulations and procedures, and I understand that my employment would be “at will”. This means that, just as I am free to resign at any time, SPT reserves the right to terminate my employment at any time for any reason without prior notice. This application is not an employment agreement. I understand that no one, other than an executive officer of SPT has the authority to enter into any employment agreement with terms contrary to the foregoing agreement and then only if the agreement is in writing and signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Applicant's Signature _____

Date _____