

EMPLOYMENT APPLICATION For _____ Clinic # _____

Clinic Name

Last Name:	First Name:	Middle or Maiden:	Preferred:
Address:	City:	State:	Zip: County:
Home Phone:	Business Phone:	Email Address:	
Position Applying For:		Desired Salary/Wage:	
Upon hire, will you be able to provide proof of eligibility to work in the U.S. as specified in the Immigration Reform and Control Act of 1988. Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of citizenship or immigration status will be required upon employment.			
Types of employment you will accept: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> As Needed <input type="checkbox"/>			
Do you have any relatives or friend employed by this company: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been employed by this company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give dates: _____			
Referral Source: Advertisement <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>			
EDUCATION			
Type of School	Name and Location of School/College	Dates (Month/Year)	Major/Minor Diploma/Degree Scholastic Average
High School			
College			
Business or Trade School			
Graduate School			
Professional Licenses and Certificates: (Give State, Number, and Expiration Date)			
Specialized Skills/Experience:			
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> PT Aide	<input type="checkbox"/> Patient Accts. Rep.	<input type="checkbox"/> MS Office <input type="checkbox"/> Data Entry
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Accounting	<input type="checkbox"/> MS DOS <input type="checkbox"/> Typing (_____ wpm)
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Cert. OT Assistant	<input type="checkbox"/> Windows 95/98	<input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Other:
Driver's License is required if driving may be required in the job for which you are applying. #:			State:
Are you able to perform the essential function of the job for which you are applying (with or without reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details.			
Have you ever been convicted, pled guilty, entered into a plea bargain, received deferred adjudication or pled no contest to, any criminal violation of the law, or are you now under pending investigation or charges of violation of criminal law? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details.			
Have any claims or suits for alleged malpractice been brought against you in the past five (5) years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details.			
Have you or any malpractice carrier made an out-of-court settlement or paid a judgment of professional liability claim on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details.			
Has disciplinary action been taken or is any pending against you by the board or professional licensure of any state or other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details.			

EMPLOYMENT HISTORY: List present or most recent experience first, including U.S. Armed Forces experience, volunteer work, and periods of unemployment. Use an additional sheet if necessary. A resume may be attached, **but the application must be completed in full.**

Firm Name & Address:	Position, Title, & Description of Duties:	
Telephone No. ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor:	Reason for leaving?	
Dates (Month/Year)	From:	To:
Salary	Start:	End:
Firm Name & Address:	Position, Title, & Description of Duties:	
Telephone No. ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor:	Reason for leaving?	
Dates (Month/Year)	From:	To:
Salary	Start:	End:
Firm Name & Address:	Position, Title, & Description of Duties:	
Telephone No. ()	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor:	Reason for leaving?	
Dates (Month/Year)	From:	To:
Salary	Start:	End:

REFERENCES: Please list a minimum of 2 work-related contacts

Name & Title	Address	Phone Number

The Company provides equal employment opportunity to all employees and applicants without regard to race, color, religion, sex, national origin, age, disability, military status, or status as a Vietnam-era or special disabled veteran, in accordance with applicable federal and state laws. In addition, we comply with all applicable state and local laws governing nondiscrimination in employment.

I certify that all information made in this application, including any attachments, is accurate and complete to the best of my knowledge. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to this company and its agents. Should any of the statements be subsequently proved inaccurate, I understand that this company may cancel my employment.

A condition of employment by the Company is that you have not been convicted of a felony or are currently on felony deferred adjudication. In addition, if, while you are employed by the Company, you are convicted of a felony or are placed on or subjected to felony deferred adjudication, your employment may be terminated. Lastly, if, while you are employed by the Company, you are charged with or convicted of a felony, you must inform Human Resources immediately.

I understand that nothing in this application or interview process is intended to create an employment contract between the company and me. Should this application result in my employment, you have the right to terminate my employment at anytime and for any reason and the company retains a similar right. I further understand that no representative of the company, other than the President and CEO, has any authority to enter into any agreement with me, or to promise employment for any definite term.

Signature: _____ Date: _____

**US PHYSICAL THERAPY/AFFIRMATIVE ACTION DATA
SELF IDENTIFICATION SHEET**

NAME: _____ **DATE:** _____
(Please Print)

POSITION FOR WHICH YOU ARE APPLYING: _____

We as an employer wish to voluntarily comply with various laws and regulations which may require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who served on active duty during the Vietnam era for more than 180 days. Submission of this information by you is voluntary. Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

APPLICANTS IDENTIFYING THEMSELVES AS HANDICAPPED OR DISABLED

1. Are you a disabled individual or do you have any physical condition or handicap which may limit your ability to perform the position(s) for which you apply? Yes____No____

2. If "Yes", do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your disability?

3. You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions:

-Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
-Government representatives may be provided information in compliance with various laws and regulations.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED OR VIETNAM ERA VETERANS

1. Are you a disabled veteran? Yes _____ No_____

2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam era? Yes_____ No_____

APPLICANTS IDENTIFYING THEIR SEX AND RACE

SEX CLASSIFICATION

____Male ____Female

RACE & ETHNIC CATEGORY

- ____ Hispanic or Latino ____ Not Hispanic or Latino
- ____ Black or African American
____ White
____ Asian
____ Native Hawaiian or other Pacific Islander
____ American Indian or Alaskan Native
____ Two or more races

SIGNATURE

DATE

