

PROFESSIONAL PHYSICAL THERAPY & ASSOCIATES LTD. CO.

Application for Employment

NAME: _____
First Middle Last Social Security Number

Street Address City State Zip Code
Are you 18 or older? ___ Yes ___ No Are you legally eligible to work in the US? Yes/No
Phone Number

Position Applying For: _____
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? ___ Yes ___ No
If no, explain _____

Referred by: ___ Newspaper ___ Current employee ___ Other

Have you ever been convicted of a crime? ___ Yes ___ No If yes, explain (a conviction will not necessarily disqualify you).
List all citations for moving violations and dates of all accidents/collisions in the last five years.

EMPLOYMENT HISTORY May we contact your present/past employers ___ Yes ___ No Explain _____

4 MOST RECENT JOBS: (If not applicable, list U.S. Military, Volunteer Work or Personal References.)

COMPANY _____ LOCATION _____
PHONE _____ JOB TITLE _____
SUPERVISOR _____ DATES WORKED FROM _____ TO _____
SALARY _____ REASON FOR LEAVING _____ Reference Check Done By _____

COMPANY _____ LOCATION _____
PHONE _____ JOB TITLE _____
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SALARY _____ REASON FOR LEAVING _____ Reference Check Done By _____

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PHONE _____ JOB TITLE _____
SUPERVISOR _____ DATES WORKED FROM _____ TO _____
SALARY _____ REASON FOR LEAVING _____ Reference Check Done By _____

EDUCATION

| | | | | |
|-----------------------|------------|--------------------|----------------|----------------------|
| _____ | _____ | _____ | Yes ___ No ___ | _____ |
| High School | City/State | Last Year Attended | Graduated? | Degree / Certificate |
| _____ | _____ | _____ | Yes ___ No ___ | _____ |
| College | City/State | Last Year Attended | Graduated? | Degree / Certificate |
| _____ | _____ | _____ | Yes ___ No ___ | _____ |
| School of Nursing | City/State | Last Year Attended | Graduated? | Degree / Certificate |
| _____ | _____ | _____ | Yes ___ No ___ | _____ |
| Business/Trade School | City/State | Last Year Attended | Graduated? | Degree / Certificate |
| _____ | _____ | _____ | Yes ___ No ___ | _____ |
| Special Training | City/State | Last Year Attended | Graduated? | Degree / Certificate |

List any professional licenses you possess, indicate type of license number and state-date issued-expiration date.

Attending school now? Yes ___ No ___ If yes, course of study _____ Anticipated graduation date _____

PLEASE READ CAREFULLY AND SIGN. The information given by me is certified to be true and complete for all practical purposes. I authorize investigation of all statements contained in this application and understand that they may be verified by PROFESSIONAL PHYSICAL THERAPY or any subsidiary thereof. Should a position be offered and later it is found that the information provided is significantly untrue, incomplete or misrepresented, I understand that PROFESSIONAL PHYSICAL THERAPY and its subsidiaries are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment is based upon the successful completion of my orientation. I also understand that, if hired, employment is on an "at will" basis and that either I or the company may terminate my employment at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written documentation or conduct unless such change is specifically acknowledged in writing by an officer of the company.

NOTICE: I understand that, as a condition of my consideration for employment, or as a condition of my continued employment, PROFESSIONAL PHYSICAL THERAPY may obtain a consumer report, I hereby authorize and consent to PROFESSIONAL PHYSICAL THERAPY's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, PROFESSIONAL PHYSICAL THERAPY will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

AUTHORIZATION AND RELEASE: I authorize PROFESSIONAL PHYSICAL THERAPY to obtain information concerning my employment, education, criminal record, character, general reputation, driving history, and financial responsibility. I release all such persons or organizations from all liability for any damages that may result from furnishing such information to PROFESSIONAL PHYSICAL THERAPY. I further understand that a copy of this authorization and release may be used in obtaining such information.

Applicants will receive consideration for positions, without regard to race, color, religion, age, gender (except where gender is a bona fide occupational qualification), sexual orientation, marital status, individuals with disabilities and equally to disabled veterans and veterans of the Vietnam era.

APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR CONSIDERATION.

Applicant's Signature

Date