



creating an environment for wellness and healing

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. Advanced Physical Therapy, Inc. is an equal opportunity employer.

Personal Information

Date _____ How did you learn about us? _____

Name _____
Last First Middle

Street Address _____

Telephone _____ Social Security _____

Position(s) applying for _____

Are you available to work: ___ Full Time ___ Part Time ___ PRN ___ Temp

Do you meet the legal requirements for employment in the United States? Yes/ No
(Proof of citizenship or immigration status will be required upon employment.)

Have you been previously employed with us? Yes/No

Do you have a family member employed with us? Yes/No

Are you currently employed? Yes/No May we contact your present employer? Yes/No

Have you been charged or convicted of a crime in the past five years? Yes/No
If "Yes", describe in full.

***Advanced Physical Therapy, Inc.
is committed to a drug free work environment.***



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Education

	Name and Location of School	Years Completed	Did you Graduate?	Course of Study
High School/GED				
College, University, Professional School				
Business, Technical, Trade School				
Internships (if any)				
Current Professional Licenses, Registrations or certificates				

Employment History

Please list your last 5 years of work experience beginning with the most recent.

Name, address, phone number of employer		
Job title		
Reason for leaving		
List of duties performed, skills used or learned, advancements or promotions while you worked at this employer.		
May we contact this employer? Yes/No		
Name of supervisor:	Employment dates From: To:	Pay or Salary Start: Final:



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Employment History *(continued)*

Name, address, phone number of employer		
Job title		
Reason for leaving		
List of duties performed, skills used or learned, advancements or promotions while you worked at this employer.		
May we contact this employer? Yes/No		
Name of supervisor:	Employment dates From: To:	Pay or Salary Start: Final:

Name, address, phone number of employer		
Job title		
Reason for leaving		
List of duties performed, skills used or learned, advancements or promotions while you worked at this employer.		
May we contact this employer? Yes/No		
Name of supervisor:	Employment dates From: To:	Pay or Salary Start: Final:



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References

Please list at least three references not related to you, whom have knowledge of your work experience.

Name	Company	Address	Telephone

Please read carefully, initial each paragraph and sign & date bottom.

_____ I certify that answers given herein are true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I have personally completed this application. I understand that any misstatement, omission, falsification or misrepresentation of fact on this application, interview or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

_____ I authorize investigation of all statements contained in this application for employment and resume as may be necessary in arriving at an employment decision.

_____ I hereby understand and acknowledge that, any employment relationship with Advanced Physical Therapy, Inc. is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I further understand that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Advanced Physical Therapy, Inc. If hired, I agree to abide by all Advanced Physical Therapy, Inc. policies and procedures.

Signature of Applicant

Date