



Application for Employment

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Personal Information

First Name	Middle Name	Last Name		
Street Address		City	State	Zip
Phone Number	Email Address			

	Yes	No
Have you ever applied to / worked for Summit Physical Therapy, Inc. before?		
If yes, please explain (include date):		
Do you have any friends, relatives, or acquaintances working for Summit Physical Therapy, Inc.?		
If yes, state name & relationship:		
If hired, would you have reliable transportation to/from work?		
Are you over the age of 18?		
If you are under the age of 18, do you have an employment/age certificate?		
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?		
Have you been convicted of or pleaded no contest to a felony within the last five years?		
If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:		
If hired, are you willing to submit to a controlled substance test?		
*If hired, are you willing to sign a 1-year non-compete employment agreement (*PT Applicants Only)?		

Position and Availability

Position Applying For: _____ Desired Salary: \$ _____ or Desired Hourly Wage: \$ _____

Are you applying for:

	Yes	No
Temporary work – such as summer or holiday work?		
Regular part-time work?		
Regular full-time work?		
If applying for temporary work, indicate your desired length of employment below:		
Start date: ___ / ___ / ___ End date: ___ / ___ / ___		



Days/Hours Available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available from _____ to _____	Available from _____ to _____	Available from _____ to _____	Available from _____ to _____	Available from _____ to _____	Available from _____ to _____	Available from _____ to _____

Are you available to work overtime? Yes No

If hired, on what date can you start working? ___ / ___ / ___

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes No

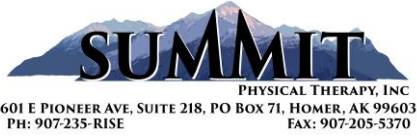
If no, describe the functions that cannot be performed: _____

Education, Training and Experience

School	Location (mailing address)	Years Completed	Major	Degree/Diploma
High School				
College or Business/Trade School				
Military				
Branch:				
Rank in Military:				
Total Years of Service:				
Skills/Duties				
Skills and Qualifications: Licenses, Skills, Training, Awards:				

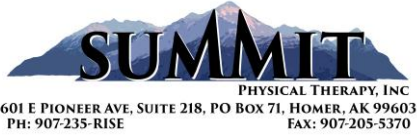
Do you speak, write, or understand any foreign languages? Yes No

If yes, list which language(s) and how fluent you consider yourself to be: _____



Employment History

Please list ALL work experience beginning with your most recent job. Attach additional sheets if necessary		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
May we contact this employer? Yes No		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
May we contact this employer? Yes No		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Your Last Job Title	
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
May we contact this employer? Yes No		



References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.	
First and Last Name:	
Telephone Number:	
Email Address:	
Address:	
City, state, zip:	
Occupation:	
Number of Years Acquainted:	

First and Last Name:	
Telephone Number:	
Email Address:	
Address:	
City, state, zip:	
Occupation:	
Number of Years Acquainted:	

First and Last Name:	
Telephone Number:	
Email Address:	
Address:	
City, state, zip:	
Occupation:	
Number of Years Acquainted:	

Certification

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: _____ Date: _____

Please attach resumé if available.