

ABC Physical Therapy Employment Application

Mail to: 3502 S. 12th Street, Suite B, Tacoma, Washington 98405-2279

Directions: Print the following application. Respond to ALL questions. If a particular question does not apply to you, or the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT PLAINLY.

Note: Incomplete applications will not be considered.

An Equal Opportunity Employer

ABC PT will not discriminate against any employee of applicant for employment because of race, color, religion, sex age, national origin, ancestry, citizenship status, disability or handicap. Any information received on the applicant will not be used for impermissible purposes.

Personal Information					
Last Name	First Name	MI	Social Security Number	Date of Application	
Address		City	State	Zip Code	
How did you hear of job opening?		Home Phone	Business Phone		
Are your employment records kept under another name? <i>If yes, give full name</i>			If under 18, do you have a work permit? ___ Yes ___ No		
Name of emergency contact			Phone		
Position Desired					
Specific position applied for:			Salary expected:		
Date(s) available:			Availability: ___ Full time ___ Part Time		
Are you willing to work weekends? ___ Yes ___ No			Shift preference: ___ Days ___ Evenings		
License and Certification					
Type	State	Date Received	Last Renewal	Certificate Number	Examination of Reciprocity
Education					
Are you currently attending school? ___ Yes ___ No			Course of Study:		
Circle the last year of school completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8 Nursing 1 2 3 4 Business/Trade 1 2 3 4					
High School	Graduate ___ Yes ___ No		Degree		Average
College or Nursing	Graduate ___ Yes ___ No		Degree		Average
Business or Trade	Graduate ___ Yes ___ No		Degree		Average

Employment History

1. Please check the box that best describes your attendance at your most recent place of employment.

- Excellent
 Good
 Average

2. Have you previously completed an application for employment with ABC PT?

- Yes When? _____
 No

3. Have you ever worked for ABC PT? Yes No

Position Title _____ Approximate Dates From: _____ To: _____ Supervisor _____ Reason for Leaving _____

- List names of present and former employers, beginning with most recent.
- Explain gaps in employment (attach additional sheet if necessary).
- Record U.S. Military Service as a position
- May we contact your present employer? Yes No

Employment	Responsibilities	Reason for Leaving	Immediate Supervisor	Ending Salary
#1 Position Title				
Employer & Phone #				
Address /zip code				
#2 Position Title				
Employer & Phone #				
Address / zip code				
#3 Position Title				
Employer & Phone #				
Address / zip code				

I understand that this employment application and any other ABC PT documents are not contracts of employment, express or implied, and that if hired, that I may voluntarily leave employment, or may be terminated by the company at any time, for any reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me.

Please initial the following statements:

I certify that the information provided by me is true and complete for all practical purposes, and that it may be verified by ABC PT. _____ Should a position be offered and later it is found that information is untrue, incomplete, or misrepresented, I understand and agree that ABC PT is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to discharge without recourse. _____ I understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. _____

Signature: _____ Date _____

Appendix 1 - Reference Information Release

To: _____

Date: _____

Attention: Personal Records Custodian

The person identified has recently applied for a position with our firm, has supplied the following information about prior employment with your organization and has signed below authorizing this employment information request. Please take a moment to respond to our inquiry. All information will be considered confidential. A self-addressed envelope is enclosed for your convenience.

Name of Applicant

Social Security No

Dates of Employment

Position Last Held

Final Rate of Pay/Base

Employee's Stated Reason for Leaving

Signature _____

Date _____

Please Supply the Following Information:

1. Is the above information correct? Yes _____ No _____
2. If not, please make the appropriate corrections.

Performance rating on last review _____

Attendance Record _____

Any further comments concerning this individual would be appreciated

Signature _____

Title _____

Date _____