



Application for Employment

EPT Physical Therapy is an Equal Employment Opportunity Employer

Applicant Information

Date of Application:		
Full Name:		
Address (please include city, state, and zip code):		
Phone: ()	E-mail Address:	
Date Available To Start:		Position Desired:
Available Full-Time: <input type="checkbox"/>	Available Part-Time: <input type="checkbox"/>	Available Temporarily: <input type="checkbox"/>
Please indicate <u>hours and days</u> available:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>		
Please indicate which locations you are willing to accept employment:		
<input type="checkbox"/> Eureka <input type="checkbox"/> Fortuna		
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for this company?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years old?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you CPR Certified? (See applicant agreement on last page)		<input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, when?
		If no, can you provide a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, expiration date?

Education

Please list any applicable education you have obtained:

<i>Institution and Location</i>	<i>Years Completed</i>	<i>Did you Graduate?</i>	<i>Major or Degree</i>
1.			
2.			
3.			

References

Please list three professional references:

Full Name:	Relationship:
Address:	Phone: ()
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone: ()
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone: ()
Occupation and Company:	No. Years Known:

Employment History

Company:	Type of Business:
Address:	Phone: ()
Job Title:	
Immediate Supervisor (Name and Title):	Your full name while employed:
Responsibilities:	
From: To:	Reason for Leaving:
If this is your current employer, may we contact your supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Company:	Type of Business:
Address:	Phone: ()
Job Title:	
Immediate Supervisor (Name and Title):	Your full name while employed:
Responsibilities:	
From: To:	Reason for Leaving:
Company:	
Address:	Phone: ()
Job Title:	
Immediate Supervisor (Name and Title):	Your full name while employed:
Responsibilities:	
From: To:	Reason for Leaving:
<p>*Please attach additional sheets or resume if necessary to complete a description of your work experience or to provide any other information you consider important.</p>	
Additional Information	
Have you ever worked in a related field before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when/where?
Do you have any relatives or friends employed by EPT Physical Therapy? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give name and relationship:
Have you ever been discharged from a position? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Please indicate training or experience in the functions/equipment listed below:	
<input type="checkbox"/> Typing Speed ____ WPM <input type="checkbox"/> EMR <input type="checkbox"/> PC Operation <input type="checkbox"/> Office Machines _____	
<input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Other _____	
Are you able to perform the Essential Functions and/or Physical Requirements of the job for which you are applying, either with or without accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<p>Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.</p>	
If no, describe the functions that cannot be performed:	

This Section To Be Completed By Applicants For Physical Therapist Or Physical Therapist Assistant Only

Professional Training: PT <input type="checkbox"/> PTA <input type="checkbox"/>	
Are you licensed now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, in which states:
License Number(s):	Expiration Date(s):
School Attended:	Length of Course:
Has your license/certification ever been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:

Please list any organizations or professional memberships related to the position you are applying for (example American Physical Therapy Association, etc.):

Disclaimer and Signature

I AFFIRM that all of my answers to the questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance. I understand that:

** Information on this application is subject to verification. Any falsification or omission of information submitted on this application will be justification for refusal of employment, or if employed, may result in my discharge.*

** I authorize EPT Physical Therapy to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to EPT Physical Therapy any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition I release EPT Physical Therapy, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of such investigation or disclosure.*

** Nothing contained in the application, conveyed during any interview, or during my employment, if hired, is intended to create an employment contract between me and EPT Physical Therapy. In addition, I understand and agree that if I am employed; my employment is for no definite period and may be terminated at any time, with or without prior notice, at the option of either myself or EPT Physical Therapy. This "at-will" employment relationship will remain in effect throughout my employment with EPT Physical Therapy, unless it is modified in writing and signed by me and EPT Physical Therapy's designated representative.*

**I also understand it is a condition of hire to be CPR certified and that employment may be contingent upon my passing a job-related examination.*

Signature:	Date:
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