

North Pole Physical Therapy EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, color, religion, sex, age, marital status, veteran status, national origin, the presence of non-job related medical condition or disability or any other protected status. We are an equal opportunity employer.

Instructions for Completion

Please print all information as clearly as possible. Provide all applicable information as detailed as possible as this will provide us with more background information and increase your chances of employment. Please do not leave any blanks or question unanswered. If a specific questions does not apply, please state 'does not apply (N/A). All information provided will be kept confidential unless you otherwise state.

Date of Application: _____	Date of Availability: _____
Position(s) Applied For: _____	Salary Expectation: _____

Name: _____			Telephone: _____	
Last	First	Middle	Area Code	Local Number
Address: _____				
Number	Street	City	State	Zip Code

Required Responses

1. If employed and under 18 years of age, can you furnish a work permit? Yes ___ No ___

2. Have you filed an application with this company before? Yes ___ No ___

3. Have you ever been employed with this company before: Yes ___ No ___
 If yes, give date: _____

4. Are you currently employed: Yes ___ No ___
 If yes, may we contact your present employer? Yes ___ No ___

6. Are you able to work? Full Time ___ Part Time ___ Temporary ___ Yes ___ No ___

7. Have you ever been excluded from participation in any federally funded health care program, including but not limited to Medicare and Medicaid? Yes ___ No ___
 If yes, please explain: _____

8. If licensed, have you ever been sanctioned (disciplined by the licensing board)? Yes ___ No ___
 If yes, please explain: _____

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Education:

	Graduate or Professional	College University	High School or GED
School Name			
Years Completed	1 2 3 4 5 6	1 2 3 4	9 10 11 12
Diploma/Degree			
Certification or License (Provide State & #)			
Honors Received			

References: Give name address and telephone numbers of three (3) references who are not related to you and who are not previous employers.

1.	Name: _____	Phone: _____
	Address: _____	
2.	Name: _____	Phone: _____
	Address: _____	
3.	Name: _____	Phone: _____
	Address: _____	

Employment Experience: Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations that would reveal a legally protected status.

1.	Employer: _____	Phone : _____
	Address: _____	
	Dates Employed: From: _____	To: _____
	Job Title: _____ Supervisor: _____	
	Worked Performed: _____	
	Reason for Leaving: _____	

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Employment Experience: (Cont.)

2. Employer: _____ Phone : _____
Address: _____
Dates Employed: From: _____ To: _____
Job Title: _____ Supervisor: _____
Worked Performed: _____
Reason for Leaving: _____

3. Employer: _____ Phone : _____
Address: _____
Dates Employed: From: _____ To: _____
Job Title: _____ Supervisor: _____
Worked Performed: _____
Reason for Leaving: _____

4. Employer: _____ Phone : _____
Address: _____
Dates Employed: From: _____ To: _____
Job Title: _____ Supervisor: _____
Worked Performed: _____
Reason for Leaving: _____

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Summarize Skills and Qualifications acquired from employment experiences or education.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from this facility constitutes an employment contract unless a specific document to that effect is executed by the facility owner and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by the facility's Code of Conduct, Compliance Plan and all related policies, procedures and guidelines.

Signature of Applicant

Date