



Employment Application

Date:

Thank you for your interest in securing employment with Preston Rehabilitation & Orthopedic Physical Therapy, Inc. (PRO PT). Please fill out the below employment application as thoroughly as possible. We look forward to meeting you and will set up interviews as qualified positions become available.

Full Name:

Address:

Phone (day):

Phone (evening):

Are you legally entitled to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Position are you applying: Full-Time or Part-Time?

Expected earnings: Available start date:

Educational Experience

High School

Name of School:

Location:

Number of years attended:

Degree acquired:

Graduation Date:

Trade/Vocational School

Name of School:

Location:

Number of years attended:

Degree acquired:

Graduation Date:

College and/or Postgraduate

Name of School:

Location:

Number of years attended:

Degree acquired:

Graduation Date:

Other Training

Name of School:

Location:

Number of years attended:

Degree acquired:

Graduation Date:

Employment History - Beginning with the most recent, please leave the following information for a minimum of the past 10 years.

Employer:

Start Date:

End Date:

Address:

Phone #:

Job Title:

Duties:

Supervisor:

Reason for Leaving:

Employer:

Start Date:

End Date:

Address:

Phone #:

Job Title:

Duties:

Supervisor:

Reason for Leaving:

Employment History (continued):

Employer:

Start Date:
End Date:
Address:
Phone #:
Job Title:
Duties:
Supervisor:
Reason for Leaving:

Employer:

Start Date:
End Date:
Address:
Phone #:
Job Title:
Duties:
Supervisor:
Reason for Leaving:

Personal References: Please provide the names of two references that are not relatives and have knowledge of your professional/work habits.

Name:
Address:
Phone (day):
Phone (evening):

Name:
Address:
Phone (day):
Phone (evening):

Please describe any employment, volunteer, experience, training, etc. in which you have been involved with health care or patient care:

Please tell us about any other special training, education, skills, or achievements that you feel should be considered for placement at PRO PT:

The above answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate termination. I authorize PRO PT to obtain information about me from my previous employers and schools. I authorize my previous employers and schools to disclose such information about me as PRO PT may request. I authorize my previous employers to candidly disclose to PRO PT all facts and opinions concerning my work performance, cooperativeness, and reliability.

Applicant Signature: _____ **Date:** _____