

STAY FIT PHYSICAL THERAPY & CORE WELLNESS, INC.

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 in ink. 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 ____
5. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes ____ No ____
(Proof of citizenship or immigration status will be required upon employment)
6. Are you able to work? Full Time ____ Part Time ____ Temporary ____ Yes ____ No ____
7. Have you been convicted of, plead guilty or 'no contest' to a felony crime? Yes ____ No ____
(Conviction will not automatically disqualify applicant from employment)
If yes, please explain: _____
8. 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: _____
9. 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: _____
Hourly Rate/Salary:	Starting: _____ Final: _____
Worked Performed: _____	
Reason for Leaving: _____	

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Employment Experience: (Cont.)

2. Employer:			Phone :	
Address: _____				
Dates Employed:	From:		To:	
Job Title: _____ Supervisor: _____				
Hourly Rate/Salary:	Starting:		Final:	
Worked Performed: _____				
Reason for Leaving: _____				

3. Employer:			Phone :	
Address: _____				
Dates Employed:	From:		To:	
Job Title: _____ Supervisor: _____				
Hourly Rate/Salary:	Starting:		Final:	
Worked Performed: _____				
Reason for Leaving: _____				

4. Employer:			Phone :	
Address: _____				
Dates Employed:	From:		To:	
Job Title: _____ Supervisor: _____				
Hourly Rate/Salary:	Starting:		Final:	
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