

Physical Therapy etc.

142 Franklin Farm Lane
Chambersburg, PA 17202
Phone (717) 263-5147
Fax (717) 263-3454

Application for Employment

Thank you for applying for a position with Physical Therapy, etc. In order to assist us in evaluating your qualifications, we have asked for specific personal information on this application. Omission or falsification of information shall be considered sufficient cause for refusal of or dismissal from employment. It is the policy of Physical Therapy, etc. to conform with federal and state laws and not to discriminate against applicants or employees with regard to race, color, religion, national origin, sex, age, or on the basis of disability not limiting the applicant's ability to perform satisfactorily the job available. No question on this form is intended to secure information to be used for such discrimination. All applications remain active for twelve months from the date of application.

(Please Print In Ink)

GENERAL INFORMATION

Date: _____

Name _____ Social Security No. _____
Last First Middle

Address _____ Phone _____
Number and Street City State Zip Code Include Area Code

Cell Phone _____ E Mail _____

Please list a phone number where you can be reached during business hours _____

Position(s) Applying for _____ Minimum Salary Requirement _____

Can you perform the essential functions of the position for which you are applying? Yes No

Type of Employment Seeking Full time Part Time Temporary Summer

If part-time, specify days and hours _____

Date Available _____ Will you work overtime If asked Yes No

Are you a U.S. Citizen? Yes No, If no, VISA type _____ Number _____

Have you ever plead guilty to or been convicted of any crime other than a summary offense?

Yes No If yes, please explain _____

Are any of your relatives employed by Physical Therapy Assoc. of Chambersburg, Inc.? Yes No

If yes, Name _____ Relationship _____

Have you applied for a job with us before? Yes No

How were you referred to us?

Self Newspaper Ad Employment Agency Website

Referred by Individual (Please Name) _____

Other _____

EMPLOYMENT RECORD

Starting with your present or most recent employer, list all full-time and part-time employment.

Employed: From _____ Month Year To _____ Month Year	Employer	Phone
	Address	Salary: Starting Current/Final
	City, State, Zip	Supervisor (Name & Title)
	Job Title/Duties	
	Reason for leaving or seeking other employment	
Employed: From _____ Month Year To _____ Month Year	Employer	Phone
	Address	Salary: Starting Current/Final
	City, State, Zip	Supervisor (Name & Title)
	Job Title/Duties	
	Reason for leaving or seeking other employment	
Employed: From _____ Month Year To _____ Month Year	Employer	Phone
	Address	Salary: Starting Current/Final
	City, State, ZIP	Supervisor (Name & Title)
	Job Title/Duties	
	Reason for leaving or seeking other employment	
Employed: From _____ Month Year To _____ Month Year	Employer	Phone
	Address	Salary: Starting Current/Final
	City, State, ZIP	Supervisor (Name & Title)
	Job Title/Duties	
	Reason for leaving or seeking other employment	

Have you ever been discharged or asked to resign from a position Yes No

If Yes, please explain _____

If presently employed, may we contact that employer for references Yes No

Have you been known by any other names?
 If yes please list. _____

MILITARY RECORD

Dates of Service _____ Branch _____ Rank _____

Were you asked to leave the military under less than honorable circumstances? Yes No

If yes, please explain _____

EDUCATION

Name of School	Location (Street, City, State)	Major Courses or Subject	If Grad, Month & Year	Degree	GPA
High School/GED					
Business/Technical					
College/University					
Graduate/Professional					
Other					

List Scholastic Honors _____

TRAINING

List below any specific training you have had.

LICENSES

List any licenses you hold Including the state issuing the license.

REFERENCES

List three character, professional or business references (not previous employers or relatives)

Name and Address	Telephone Number	Position & Organization

CERTIFICATION AND AGREEMENT

I certify that all information made by me on this application for employment is true and correct. I understand that false statements or omissions of facts on this application shall be sufficient cause for dismissal from or refusal of employment.

I authorize an investigation of any and all statements contained in the application. I authorize any previous employers or educational institutions specified by me in this application to release to Physical Therapy Associates of Chambersburg, Inc. any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise that may or may not be on their records, and I hereby release such persons or educational institutions from any liability for any damage or injury to me arising out of the release of such information.

I understand that Physical Therapy Associates of Chambersburg, Inc. does not guarantee me employment for any specific length of time regardless of the quality of my work. I agree, therefore, that my employment may be terminated by me or Physical Therapy Associates of Chambersburg, Inc. at any time, with or without cause. I further understand that this is an application for employment and that no employment is being offered at this time.

I understand that if I am offered employment, Physical Therapy Associates of Chambersburg, Inc. will require me to produce certain documents within three business days of my hire date in order to comply with the Immigration Reform and Control Act of 1986. I further understand that any offer of employment is contingent upon providing the appropriate documents.

If employed as a referral from an employment agency, I hereby agree to reimburse Physical Therapy Associates of Chambersburg, Inc. an annualized pro-rated share of the agency fee paid on my behalf. In the event that I terminate my employment within one year from date of hire, the reimbursement payment would be equal to 1/12th of the original agency fee for each uncompleted month of employment during the first year.

I acknowledge that I have read and understand the above statement.

Date

Signature

If any other name(s) will appear on academic or employment records, please indicate name(s) and date(s) of use:

Please return this completed application to:

Jean Gross

Physical Therapy, etc.

142 Franklin Farm Lane

Chambersburg, PA 17202