



# TEAM

PHYSICAL THERAPY P.C.

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**PLEASE PRINT:**

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name		First Name		Middle Name	
Address		City		State	Zip
Telephone Number(s)				Social Security Number	

How did you learn about TEAM Physical Therapy, P.C.?

Advertisement    Employment Agency    Friend/Relative    Walk-In    Other: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with TEAM Physical Therapy, P.C. before?       Yes       No

If Yes, give date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed with TEAM Physical Therapy, P.C. before?       Yes       No

If Yes, give date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you currently employed?       Yes       No

May we contact your present employer?       Yes       No

Are you prevented from lawfully becoming employed in this country because of  
 Visa or Immigrant Status? (Proof of citizenship or immigration status will be required upon employment.)       Yes       No

On what date would you be available to begin work?      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you available to work:       Full Time       Part Time       Shift Work       Temporary

Are you currently on "lay-off" status and subject to recall?       Yes       No

Can you travel if a job requires it?       Yes       No

Have you been convicted of a felony within the last 7 years?       Yes       No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain: \_\_\_\_\_

**EDUCATION:**

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	<b>DATES EMPLOYED</b>		<b>WORKED PERFORMED</b>
Address	From	To	
Phone			
Starting/Present Job Title	<b>HOURLY RATE/SALARY</b>		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	<b>DATES EMPLOYED</b>		<b>WORKED PERFORMED</b>
Address	From	To	
Phone			
Starting/Present Job Title	<b>HOURLY RATE/SALARY</b>		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	<b>DATES EMPLOYED</b>		<b>WORKED PERFORMED</b>
Address	From	To	
Phone			
Starting/Present Job Title	<b>HOURLY RATE/SALARY</b>		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	<b>DATES EMPLOYED</b>		<b>WORKED PERFORMED</b>
Address	From	To	
Phone			
Starting/Present Job Title	<b>HOURLY RATE/SALARY</b>		
Supervisor	Starting	Final	
Reason for Leaving			

**COMMENTS: Include explanation of any gaps in employment.**

**OTHER QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**SPECIALIZED SKILLS: Check Skills / Equipment Operated**

TECHNICAL SKILLS:		PRODUCTION/MOBILE MACHINERY:	OTHER:
<input type="checkbox"/> Computer	<input type="checkbox"/> Microsoft Office Programs		
<input type="checkbox"/> Fax	<input type="checkbox"/> Email		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Programming		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Database Systems		

**ADDITIONAL INFORMATION:**

State any additional information that may be helpful to TEAM Physical Therapy, P.C. in considering your application.

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A description of the activities involved in such a job or occupation is attached.

***Do not answer the following question unless you have been informed of the requirements of the job for which you are applying.***

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

**REFERENCES:**

	NAME	ADDRESS	PHONE NUMBER
1			( )
2			( )
3			( )

**AGREEMENT:**

I certify that answers given herein are true and complete to 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. I understand that this application is not and is not intended to be a contract of employment.

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 that I am required to abide by all rules and regulations of TEAM Physical Therapy, P.C.

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Signature of Applicant

Date

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

TEAM Physical Therapy, P.C.  
P.O. Box 435  
Broken Bow, NE 68822

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**FOR PERSONNEL DEPARTMENT USE ONLY:**

<b>ARRANGE INTERVIEW:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>INTERVIEW DATE:</b>
Remarks:	

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Interviewer Name

Date

<b>EMPLOYED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>EMPLOYMENT DATE:</b>
<b>JOB TITLE</b>	<b>DEPARTMENT</b>	<b>HOURLY RATE/SALARY</b>

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Name Authorized By

Date