

**APPLICATION FOR EMPLOYMENT**

**Demographic Information:**

DATE OF APPLICATION \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST M.I. PHONE NUMBER

Present Address: \_\_\_\_\_  
STREET APT # CITY STATE ZIP HOW LONG

**Job Specific Information:**

What position are you applying for? \_\_\_\_\_

Consider full time or part time? (Circle all that apply) Full-Time Part-Time Any

Date available for employment: \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of every job with this company. Are there days of the week, time of day or anything else which would interfere with your regular attendance and punctuality if you were offered a job with the company?  
 No  Yes, please explain (be specific): \_\_\_\_\_

Minimum salary desired? \_\_\_\_\_ (hourly basis)

Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  Yes  No

During the last 10 years, have you ever pled guilty, no contest or been convicted of a crime or violation other than a minor traffic infraction?  No  Yes, please explain: \_\_\_\_\_

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of offense, seriousness and nature of violation will be taken into account)

Have you ever been discharged from any employment or asked to resign?  No  Yes, please explain: \_\_\_\_\_

Can you perform the essential functions of the position, with or without accommodation, for which you are applying?  
 Yes  No If No, please explain below. (If you have any questions regarding the functions applicable to the position for which you are applying, please ask the interviewer before you answer this question)

**Education:**

Do you have a high school diploma or GED?  Yes  No

Additional Schooling (optional):

	Name/Address	Major/Minor	Years Attended	Year/Graduated	Degree(s)
Under Graduate College	_____	_____	_____	_____	_____
Post Graduate College	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Describe any specialized training, apprenticeships, skills, course studies, and extra-curricular activities that enhance your qualification as a job applicant:

**Employment experience:**

Account for any period(s) you were unemployed:

From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Reason: \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Reason: \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_ Reason: \_\_\_\_\_

*Below, please list all employment for the last 10 years, starting with the most recent and account for any periods you were unemployed,*

Employer \_\_\_\_\_ Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the nature of your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the reason for leaving this job? \_\_\_\_\_

Employer \_\_\_\_\_ Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the nature of your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the reason for leaving this job? \_\_\_\_\_

Employer \_\_\_\_\_ Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the nature of your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the reason for leaving this job? \_\_\_\_\_

PLEASE LIST ALL ADDITIONAL EMPLOYERS ON A SEPARATE PAGE.

**Specialized Skills:**

	Skill/Equipment Operated	Years of Application
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Additional Information:**

State any additional information you feel may be helpful to us in considering your application; (i.e., hobbies, likes and dislikes, etc.):

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**Personal References:**

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Relationship to you \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Relationship to you \_\_\_\_\_ Phone # \_\_\_\_\_

**Employer References:**

1. Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Company Name \_\_\_\_\_ Fax/email \_\_\_\_\_  
 Address \_\_\_\_\_ Position \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Company Name \_\_\_\_\_ Fax/email \_\_\_\_\_  
 Address \_\_\_\_\_ Position \_\_\_\_\_

**Equal Employment Opportunity Policy:**

**It is the policy of Alpine Physical Therapy to employ the best-qualified personnel in all job functions within its facilities. We provide equal opportunity for hiring, advancement, and training. This policy is administered in a manner, which will not discriminate against any person because of race, color, religion, age, sex, national origin, or disability.**

**Employment Standards (initial each item):**

\_\_\_\_\_ I authorize the investigation of all matters which Alpine Physical Therapy deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability, which might result from making the investigation.

\_\_\_\_\_ I certify that the facts and information in this application and in any attachment or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

\_\_\_\_\_ I understand and agree that if I am offered and accept a position, I understand that employment at Alpine Physical Therapy is at will. That is, either Alpine Physical Therapy or the employee may terminate the employment relationship at any time with or without cause. It is further understood that no employee or representative of Alpine Physical Therapy other than the General Manager has any authority to change the at-will employment relationship.

\_\_\_\_\_ I agree to conform to all existing and future policies and rules and I understand that such policies and rules may be changed, interpreted, withdrawn, or added to as the company deems appropriate. I also understand that Alpine reserves the right to change wages, hours, and working conditions as deemed necessary.

\_\_\_\_\_ I have read each of the above statements. I have also reviewed all of the information I provided in this application and in any attachments or supporting documents.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE