

South Fork Physical Therapy, PLLC

Employment
Application

An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name:

First Name:

Middle Name:

Present Address:

City:

State:

Zip:

Home Phone No. ()

Work Phone No. ()

Social Security No.

Availability Date:

Position Applying For:

Minimum Salary Expected

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 (circle one)

Have you ever been convicted of a felony that has not been sealed, expunged or statutorily eradicated? Yes No (Circle One)

Offense:

Date:

Location:

Education

Type of School

Name of School
Address

Major

Highest grade Completed

Briefly tell us why you are interested in the position you are applying for:

Work Experience

Employer: _____
Address: _____ City: _____ State: _____
Phone Number: () _____ Date Hired: _____ Date Separated: _____
Position: _____ Duties: _____
Starting Wages: _____ Ending Wages: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
If currently employed, may we contact? Yes No If no, why? _____
If so Name and Phone Number: _____

Work Experience

Employer: _____
Address: _____ City: _____ State: _____
Phone Number: () _____ Date Hired: _____ Date Separated: _____
Position: _____ Duties: _____
Starting Wages: _____ Ending Wages: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
May we contact? Yes No If no, why? _____
If so Name and Phone Number: _____

Work Experience

Employer: _____
Address: _____ City: _____ State: _____
Phone Number: () _____ Date Hired: _____ Date Separated: _____
Position: _____ Duties: _____
Starting Wages: _____ Ending Wages: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
May we contact? Yes No If no, why? _____
If so Name and Phone Number: _____

For Licensed Clinicians Only:

Have you ever been sanctioned, disciplined, or otherwise reprimanded by the state board of physical therapy or any other clinical governing body? Yes No if "yes" explain:

Please list any specific medical conditions or disabilities that will require special consideration or modification of normal procedure to allow you work at your best.

Read Carefully Before Signing

I certify that all information I have provided herein, i.e. application, resume, interview, is true and correct and that I have made no effort to conceal pertinent information. I authorize my former employers, schools and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by South Fork Physical Therapy, PLLC., and if hired, that if any information given by me in this application or resume is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employment, and I agree to hold South Fork Physical Therapy, PLLC and persons named herein blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned by me and to pay for property and equipment not returned. Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary, be terminated at any time by the company.

Applicant's Signature

Date

Employment Reference Release

I hereby authorize South Fork Physical Therapy, PLLC. and/or its affiliates to contact my former employers to obtain information concerning my employment and the reason for my termination of employment. I authorized my former employers to release and disclose to South Fork Physical Therapy, PLLC. and/or its affiliates any information pertaining to my employment and termination of employment.

I hereby release South Fork Physical Therapy, PLLC. and/or its affiliates and my former employers from any and all damages, liabilities and claims that may result from the release and disclosure of such information.

A photocopy of this authorization may be considered as valid as original.

Applicant's Signature

Date

Print Full Name

Other names used in employment, if applicable

Social Security Number

Employment Data Record

Applicants are considered for positions without regard to race, creed, color, religion, sex, ancestry, national origin, age, marital status, sexual orientation, political orientation, military or veteran status, mental or physical handicap or disability

Affirmative Action Notice

U.S. Government agencies require periodic reporting of data on the sex, race, disabled and veteran status of applicants for affirmative action analysis only. Submission of information is strictly voluntary. This information is kept in a confidential file maintained separately from your application form.

CHECK ONE:

Male _____ Female _____

CHECK ONE:

White _____ Black or African American _____ Hispanic _____

American Indian/Alaskan Native _____ Asian/Pacific islander _____

Native Hawaiian _____

Date _____

South Fork Physical Therapy, PLLC.

Disclosure of Background Investigation

This notice is to advise you that in connection with your application for employment, South Fork Physical Therapy, PLLC. and/or its affiliates may obtain and review a consumer report and/or an investigative consumer report from a consumer reporting agency. If you are hired, South Fork Physical Therapy, PLLC. and/or its affiliates may also obtain and review a consumer report and/or an investigative report during the course of your employment for the purpose of determining your eligibility for continued employment, reassignment, promotion or, if applicable, for rehire.

These reports may include information regarding your education, credit history, criminal history, employment history, character, general reputation, personal characteristics, mode of living. Upon written request from you, disclosure of the nature and scope of the investigative consumer report will be provided to you.

Applicant Authorization

I hereby authorize a consumer report and investigative consumer report to be obtained on me, and this document in its original or copied form serves as my valid authorization to release information about me.

Signature

Date

Identifying Information:

Name (Last)

(First)

(Middle)

Former names under which records may be obtained

Social Security Number

Date of Birth (for identification only)

Driver's License No.

State.

Expiration Date

Current Address

(Street)

(City)

(County)

(State)

(Zip)

Previous Address

(Street)

(City)

(County)

(State)

(Zip)