

Have you ever been notified that you are excluded from participating in a Medicare provider program? Yes No

If Yes explain:.....

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

If Yes explain:.....

Educational Background

	Name and Address of school	Course of Study	Years Completed	Diploma/Degree

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specific training, apprenticeship, skills, and extra activities in which you have been involved:

Describe any job-related training received in the military:

List membership in professional, trade, business, or civic activities and offices held.
 (Exclude memberships which would reveal gender, race, national origin, age, ancestry,
 sexual orientation, disability, or any other protected status):

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Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. (Exclude any protected information)

Employer		Dates employed From To	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job title	Supervisor		
Reason for leaving		Indicate here if you don't want this employer contacted.....	

Employer		Dates employed From To	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job title	Supervisor		
Reason for leaving		Indicate here if you don't want this employer contacted.....	

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Employer		Dates employed From To	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job title	Supervisor		
Reason for leaving		Indicate here if you don't want this employer contacted.....	

Employer		Dates employed From To	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job title	Supervisor		
Reason for leaving		Indicate here if you don't want this employer contacted.....	

Professional References

Please provide a list of professional references. (Do not include family members, friends, etc.) A separate reference report is available to document reference information.

Name of reference	Telephone number (day)	Telephone number (day)
Address		

Name of reference	Telephone number (day)	Telephone number (day)
Address		

Name of reference	Telephone number (day)	Telephone number (day)
Address		

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 forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time, and East Athens Physical Therapy may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct, unless such changes are specifically acknowledged in writing by an authorized executive of East Athens Physical Therapy Corporation.

I also understand that employment with East Athens Physical Therapy may be contingent upon proof of a physical exam.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all the rules and regulations set forth by East Athens Physical Therapy.

I certify that I am not and never have been excluded from any federally funded healthcare program, including Medicare or Medicaid and, if hired, I agree to immediately disclose any threatened or proposed exclusion.

The undersigned indicates that I have read the job description for the position and may carry out the duties and responsibilities states therein.

Signature of Applicant	Date (month/day/year)
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