

East Athens Physical Therapy Application for Employment

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

Instructions: Complete all the necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

| | |
|-------------------------|---|
| Position(s) Applied for | Date of Application (<i>month/day/year</i>) |
|-------------------------|---|

| | | | | |
|---------------------|------------|------------------------|-------|----------|
| Last Name | First Name | Middle Initial | | |
| Street Address | Apt. No. | City | State | Zip Code |
| Telephone Number(s) | | Social Security Number | | |

(Circle Yes or No to questions below)

Are you legally eligible for employment in the United States? Yes No

Are you of legal age to work in the United States? Yes No

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 us before? Yes No

Have you ever been employed with us before? Yes No

Are you available to work any of the times below? Check all that apply.

| | | |
|-----------|--------------------|-------------------|
| | 7:45 am – 12:30 pm | 1:15 pm – 6:00 pm |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

Which office could you work in? Check all that apply.

- Athens
 Danielsville
 Madison

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):

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 |
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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..... | |

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 charges 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) |
|------------------------|-----------------------|