

EAST ATHENS PHYSICAL THERAPY

PT AIDE 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. Be sure to sign and date the application.

Date of Application: _____

Last Name	First Name	Middle Initial	
Street Address	Apt. No.	City	State Zip
Social Security Number	Date of Birth		
Cell Number	Email		

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? Date:	Yes	No
Have you ever been employed with us before? Date:	Yes	No

We ask aides to work a complete AM or PM shift. Shift are from 7:45 am–1 pm & 1 pm–6 pm
Check all shifts that you are available to work:

	7:45 am – 12:30 pm	1:00 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 of School	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		Hourly Rate/Salary Starting Final	
Telephone Number(s)			
Job title	Supervisor		
Reason for leaving		Indicate here if you don't want this employer contacted.....	

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

Employer		Dates employed From To	Work Performed
Address		Hourly Rate/Salary Starting Final	
Telephone Number(s)			
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 or friends.

Name of reference	Relationship:	
Address	Telephone number	Telephone number

Name of reference	Relationship:	
Address	Telephone number	Telephone number

Name of reference	Relationship:	
Address	Telephone number	Telephone number

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: _____