



2306 DEAN ST. EUREKA, CA 95501
 (707) 443-8354 • FAX (707) 443-8628

APPLICATION FOR EMPLOYMENT

A Rehabilitation Corporation

Valid for 6 months. Reapply in future if still interested.

LAST NAME _____ FIRST NAME _____ MIDDLE _____

ADDRESS _____ CITY _____ PHONE _____

STATE _____ ZIP _____ EMAIL _____

POSITION APPLIED FOR: _____ DATE YOU CAN START _____

REFERRAL SOURCE: () ADVERTISEMENT () FRIEND () RELATIVE () OTHER _____

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR US CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES () NO ()

IF YOU ARE UNDER AGE 18, CAN YOU FURNISH A WORK PERMIT? YES () NO ()

TYPE OF EMPLOYMENT DESIRED: () FULL-TIME () PART-TIME

DAYS/HOURS AVAILABLE: _____

HAVE YOU EVER WORKED IN A RELATED FIELD? YES () NO () WHEN AND WHERE? _____

ARE YOU NOW EMPLOYED? YES () NO ()

IF YES, WHY DO YOU WISH TO MAKE A CHANGE? _____

DO YOU HAVE ANY RELATIVES OR FRIENDS WORKING HERE? YES () NO () NAME _____

PLEASE LIST ANY APPLICABLE EDUCATION YOU HAVE OBTAINED:

| EDUCATION | NAME AND LOCATION OF SCHOOL | YRS. COMPLETED | SUBJECTS STUDIED | MAJOR | DEGREE |
|----------------|-----------------------------|----------------|------------------|-------|--------|
| COLLEGE/UNIV. | | | | | |
| COLLEGE/UNIV. | | | | | |
| OTHER TRAINING | | | | | |

ARE YOU CPR CERTIFIED? YES () NO () (SEE APPLICANT AGREEMENT ON REVERSE SIDE) EXPIRATION DATE _____

OTHER SKILLS: TYPING _____ WPM SHORTHAND _____ WPM OTHER OFFICE MACHINES _____

ACTIVITIES AND JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES (You may exclude those which indicate race, religious creed, sex, marital status, age, color, national origin, physical handicap, ancestry, or medical condition and pregnancy related conditions.)

TO BE COMPLETED BY APPLICANTS FOR PT OR PTA ONLY:

PROFESSIONAL TRAINING (PT, PTA) _____

SCHOOL _____ LENGTH OF COURSE _____ YR. GRADUATED _____

ARE YOU NOW LICENSED? _____ IN WHICH STATES _____

HAVE YOU EVER HAD YOUR LICENSE REVOKED OR SUSPENDED? _____

LICENSE NUMBER(S) _____ EXPIRATION DATE(S) _____

EMPLOYMENT HISTORY

(Attach Resume)

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES () NO ()

(1) PRESENT OR MOST RECENT EMPLOYER

ADDRESS

PHONE/EMAIL

JOB TITLE

DESCRIPTION OF DUTIES

DATE HIRED

DATE LEFT

REASON FOR LEAVING

NAME OF SUPERVISOR

(2) PREVIOUS EMPLOYER

ADDRESS

PHONE/EMAIL

JOB TITLE

DESCRIPTION OF DUTIES

DATE HIRED

DATE LEFT

REASON FOR LEAVING

NAME OF SUPERVISOR

(3) PREVIOUS EMPLOYER

ADDRESS

PHONE/EMAIL

JOB TITLE

DESCRIPTION OF DUTIES

DATE HIRED

DATE LEFT

REASON FOR LEAVING

NAME OF SUPERVISOR

PROFESSIONAL REFERENCES:

| | | | |
|------|--------|------|--------|
| NAME | TEL. # | NAME | TEL.# |
| NAME | TEL. # | NAME | TEL. # |

I AFFIRM that all of my answers to the questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance. I understand that:

* Information on this application is subject to verification. Any falsification or omission of information submitted on this application will be justification for refusal of employment, or if employed, may result in my discharge.

* I authorize Eureka Physical Therapy to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Eureka Physical Therapy any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition I release Eureka Physical Therapy, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of such investigation or disclosure.

* Nothing contained in the application, or conveyed during any interview or during my employment, if hired, is intended to create an employment contract between me and Eureka Physical Therapy. In addition, I understand and agree that if I am employed; my employment is for no definite period and may be terminated at any time, with or without prior notice, at the option of either myself or Eureka Physical Therapy. This "at-will" employment relationship will remain in effect throughout my employment with Eureka Physical Therapy, unless it is modified in writing and signed by me and Eureka Physical Therapy's designated representative.

* I also understand it is a condition of hire to be CPR certified and that employment may be contingent upon my passing a job-related examination.

SIGNATURE

DATE

