



## Application for Employment

EPT Rehabilitation is an Equal Employment Opportunity Employer

### Applicant Information

Date of Application:		
Full Name:		
Address (please include city, state, and zip code):		
Phone: (     )	E-mail Address:	
Date Available To Start:		Position Desired:
Available Full-Time: <input type="checkbox"/>	Available Part-Time: <input type="checkbox"/>	Available Temporarily: <input type="checkbox"/>
Please indicate hours and days available:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>		
Please indicate which locations you are willing to accept employment:		
<input type="checkbox"/> Eureka <input type="checkbox"/> Fortuna <input type="checkbox"/> Mckinleyville		
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
If you are under 18, can you furnish a work permit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you CPR Certified? (See applicant agreement on last page)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, expiration date?

**Education**

Please list any applicable education you have obtained:

<i>Institution and Location</i>	<i>Years Completed</i>	<i>Did you Graduate?</i>	<i>Major or Degree</i>
1.			
2.			
3.			

**References**

Please list three professional references:

Full Name:	Relationship:
Address:	Phone: (    )
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone: (    )
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone: (    )
Occupation and Company:	No. Years Known:

**Employment History**

Company:	Type of Business:
Address:	Phone: (    )
Job Title:	
Immediate Supervisor (Name and Title):	Your full name while employed:
Responsibilities:	
From:            To:	Reason for Leaving:
If this is your current employer, may we contact your supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Company:		Type of Business:
Address:		Phone: (    )
Job Title:		
Immediate Supervisor (Name and Title):		Your full name while employed:
Responsibilities:		
From:	To:	Reason for Leaving:

Company:		Type of Business:
Address:		Phone: (    )
Job Title:		
Immediate Supervisor (Name and Title):		Your full name while employed:
Responsibilities:		
From:	To:	Reason for Leaving:

**\*Please attach additional sheets or resume if necessary to complete a description of your work experience or to provide any other information you consider important.**

**Additional Information**

Have you ever worked in a related field before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when/where?
Do you have any relatives or friends employed by EPT Rehabilitation? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give name and relationship:
Have you ever been discharged from a position? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:

Please indicate training or experience in the functions/equipment listed below:

Typing Speed \_\_\_\_ WPM     Ten Key     PC Operation     Office Machines \_\_\_\_\_

Windows     Excel     Word     Other \_\_\_\_\_

Are you able to perform the Essential Functions and/or Physical Requirements of the job for which you are applying, either with or without accommodation?  
YES  NO

**Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.**

If no, describe the functions that cannot be performed:

**This Section To Be Completed By Applicants For Physical Therapist Or Physical Therapist Assistant Only**

Professional Training:  PT <input type="checkbox"/> PTA <input type="checkbox"/>	
Are you licensed now?  YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, in which states:
License Number(s):	Expiration Date(s):
School Attended:	Length of Course:
Has your license/certification ever been revoked or suspended?  YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:

Please list any organizations or professional memberships related to the position you are applying for (example American Physical Therapy Association, etc.):

**Disclaimer and Signature**

*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 EPT Rehabilitation 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 EPT Rehabilitation 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 EPT Rehabilitation, 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, conveyed during any interview, or during my employment, if hired, is intended to create an employment contract between me and EPT Rehabilitation. 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 EPT Rehabilitation. This "at-will" employment relationship will remain in effect throughout my employment with EPT Rehabilitation, unless it is modified in writing and signed by me and EPT Rehabilitation'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:
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*This application is valid for 6 months. Please reapply following 6 months if still interested.*