



## APPLICATION FOR EMPLOYMENT

### Instructions to Applicant:

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Rock Valley Physical Therapy may use the information given in the application to investigate the applicant's previous employment and background.
2. The Application for Employment will be considered inactive after six months. If you wish to be considered after that time, you must complete a new Application for Employment.
3. You may submit a resume with your Application for Employment to provide us additional information.

### PERSONAL INFORMATION: (Please Print or Type)

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone ( ) \_\_\_\_\_ Mobile Telephone ( ) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Applied For \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

Date Available for Work? \_\_\_\_\_ When is the Best Time to Contact You? \_\_\_\_\_

Employment Desired:  Full-Time  Part-Time  Full-or-Part-Time

### EDUCATIONAL BACKGROUND:

Please check if all of the following Educational Background information is provided in your submitted resume.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION COMPLETE ADDRESS	# YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

List other names under which your records may be found:

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME\*?     No     Yes

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed.

\_\_\_\_\_

\_\_\_\_\_

\* A conviction does not necessarily disqualify an applicant for the applied position.

**OFFICE SKILLS:**

Please check all that pertain if applying for an Administration, Billing, Front Office, or Technician position.

(  ) Typing Speed – WPM: \_\_\_\_\_    (  ) Spreadsheets    Other Skills \_\_\_\_\_  
(  ) Medical Terminology    (  ) Word Processing    \_\_\_\_\_  
(  ) Transcription    (  ) Databases    \_\_\_\_\_

**ACTIVITIES, GROUP AFFILIATIONS, & AWARDS:**

(You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**REFERENCES:**

Please list two references other than relatives or previous employers who have knowledge of your professional qualifications and whom we have permission to contact immediately. Previous employers/supervisors may be contacted immediately for references.

Name _____	Name _____
Company _____	Company _____
Position _____	Position _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

**OTHER INFORMATION:**

Are you under 18 years of age? \_\_\_\_\_

Are you a U.S. Citizen or resident alien? \_\_\_\_\_

Are you authorized to work in the United States on an unrestricted basis? \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse? \_\_\_\_\_

(NOTE: Conviction of a crime is not necessarily grounds for disqualification)

**WORK EXPERIENCE:**

List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check if all of the following Work Experience information is provided in your submitted resume.

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone Number	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone Number	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone Number	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**READ AND SIGN:**

Read the following carefully before signing.

Rock Valley Physical Therapy is an equal opportunity employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable state and federal laws, on the basis of race, color, religion, national origin, sex, ancestry, marital status, handicap, or age. No question on this application is intended to secure information to be used for such discrimination. In addition, we may complete a background check or check with former coworkers, acquaintances, or friends to verify the information requested.

In completing this application, I certify that I understand the questions and statements contained in this form in their entirety and that my employment is subject to references being obtained. I also understand that any misrepresentation or omission of the facts requested in this application or any document that I complete may be cause for rejection of my application or my immediate termination should I be employed by Rock Valley Physical Therapy. I hereby authorize the release of any information regarding my school records or previous employment and hereby release all parties from any and all liability of damages for providing the information requested.

This application does not constitute an agreement or contract for employment for any specified period or any definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any assurances must be in writing and signed by an authorized officer. I understand it is the Rock Valley Physical Therapy policy not to refuse to hire a qualified individual with a disability because of that persons need for reasonable accommodation as required by the Americans with Disabilities Act (ADA).

In consideration of my employment, I agree to conform to the rules and regulations of Rock Valley Physical Therapy and agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of Rock Valley Physical Therapy or myself. Your application will be active for period of six months. At the end of that period your application will become inactive. If you want to give further employment consideration, you will be required to update your application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_