

INTEGRATED PHYSICAL THERAPY, LLC

Employment Application

Application Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied For			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?

Education			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

References	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Previous Employment			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Disclaimer and Signature
<p>All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions will constitute sufficient grounds for rejection or for subsequent dismissal if I am hired. I am genuinely seeking employment with Integrated Physical Therapy, LLC and have no other purpose in applying for a job.</p> <p>I hereby authorize any current or former employer, person, school, firm, corporation or credit reporting agency, or government agency to answer any and all questions to release or provide any information within their knowledge or records, and I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records, and I also agree to hold Integrated Physical Therapy, LLC blameless and free of any liability for using any information received from such parties in making an employment decision regarding me.</p> <p>In the event of employment, I understand that I will be required to abide by all rules and regulations of Integrated Physical Therapy, LLC (including the signing of any required agreements with dealing with inventions, confidential information or any other terms or conditions of employment) which are now in effect or may be established in the future. I further understand that in the event of employment, I will need to comply with the security procedures of Integrated Physical Therapy, LLC</p>

In compliance with immigration laws, I understand that if I am offered the job, my employment will be conditioned upon my timely production and completion of documents required to verify my eligibility for employment in the United States.

A photocopy of this signed Applicant's Certificate and Release shall have the same force and effect as an original.

I also understand that the issuance of this application does not indicate that there are any positions open and does not in any way obligate the company.

I also understand that any employment offer (or continued employment if employed) will be contingent upon my complying with all requirements outlined in this "Applicant's Certification and Release" and any other employment-related requirements of Integrated Physical Therapy, LLC.

This employment application is not a contract of employment. Should I be offered employment or become employed by Integrated Physical Therapy, I understand that both Integrated Physical Therapy and I may end the employment relationship at any time with or without cause, with or without notice and without liability to me for wages, salary, or other compensation except such as I may have earned through the date of termination. This provision cannot be changed except in written employment agreement signed by me and an authorized company representative.

I certify that I have carefully read the above and submit this application with full knowledge of those requirements.

Signature

Date