

EMPLOYMENT APPLICATION

LaFree Physical Therapy
2934 Miller Drive
Plymouth, IN 46563
(574) 941-2200

AN EQUAL OPPORTUNITY EMPLOYER

Please print your responses.

Please see attached job description for position being applied for.

IDENTIFICATION:

Date: _____

Name [last name first]: _____ Social Security No. _____

Present Address: _____
[Street] [City] [State] [Zip code]

Phone No.: _____ Referred by: _____

Permanent address
(if different from above): _____
[Street] [City] [State] [Zip code]

EMPLOYMENT APPLIED FOR:

Position: _____

Are you applying for:

Salary Desired: _____ Full Time Temporary (includes
 Part Time Holiday or summer employment)

Days and hours you are available for work: _____

Date you are able to start: _____

Are you currently employed? Yes No
If so, may we request information from your present employer? Yes No

Will you be available to work: Weekends? Yes No
Overtime as necessary? Yes No

Have you ever applied for work with this Company before? Yes No
If so, Where? _____
When? _____

PERSONAL INFORMATION:

| EDUCATION: | Name and Location of Institution | Years Attended | Did you Graduate? | Name of Degree or Diploma? | Subjects Studied |
|---|----------------------------------|----------------|---------------------|----------------------------|------------------|
| Grammar School | | | Yes ____ No ____ | | |
| High School | | | Yes ____ No ____ | | |
| College or University | | | Yes ____ No ____ | | |
| Trade, Vocational Business or Correspondence School | | | Yes ____ No ____ | | |

GENERAL:

Do you possess any other background, training, skills or knowledge that qualifies you for the position applied for? Yes No
If so, please specify:

U.S. Military Service: _____ Rank? _____

Are you 18 years of age or older? Yes (NOTE: Persons under 18 must verify they are of minimum legal age to be hired)
 No

If the Company hires you, will you be able to document your U.S. Yes
citizenship or prove your legal right to live and be employed in the U.S.? No

Have you been convicted at any time of a felony or serious criminal misdemeanor? Yes No

(NOTE: You do not have to list convictions for marijuana offenses more than two years old.)

If yes, specify the crime(s), the date and location of the conviction and the current status of the case:

(NOTE: An applicant will not be turned down for employment solely because he/she has been convicted of a crime. The particular crime, the date of conviction, the circumstances of the crime and the relation of the nature of the crime to the position being applied for can be considered by the Company in making the decision.)

If you are applying for a professional position:

Do you have a license or certificate for the position desired? Yes No

Name of license or certificate: _____ Number: _____

State of Issuance: _____ Date: _____

Has the license or certificate been suspended or revoked at any time? Yes No

If yes, please specify the grounds, date of action and date of reinstatement:

I have read and I understand the attached job description for the position being applied for: Yes No

I am able to carry out the essential aspects of the position I am applying for: Yes No

If not, please state the job functions that cannot be carried out:

(NOTE: This Company complies with the Americans with Disabilities Act and will strive to implement measures needed to reasonably accommodate qualified applicants and employees to handle essential functions of a job. Hiring may be conditioned on passing a medical examination and/or tests of skill and dexterity.)

HISTORY OF EMPLOYMENT:

[List below last four employers, starting with last one first]

| Date [Mo. and Year] | Name, Address and Telephone No. of Employer | Type of Business | Salary | Position(s) | Reason for Leaving |
|------------------------|--|---------------------|-------------------|-------------|--------------------|
| From: | Supervisor: | | Start \$ _____ | | |
| To: | | | End \$ _____ | | |
| From: | Supervisor: | | Start \$ _____ | | |
| To: | | | End \$ _____ | | |
| From: | Supervisor: | | Start \$ _____ | | |
| To: | | | End \$ _____ | | |
| From: | Supervisor: | | Start \$ _____ | | |
| To: | | | End \$ _____ | | |

Please explain any gap in the employment history above: _____

REFERENCES:

Please supply three people not related to you who can supply first-hand information of your work skills and performance within the past four years.

| Name | Address and Telephone No. | Business | Occupation | Years Known |
|------|---------------------------|----------|------------|----------------|
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