

# COMMUNITY PHYSICAL THERAPY APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Director of Human Resources.

- You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
- This Application for Employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.

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### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number ( ) \_\_\_\_\_ Social Security \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, can you supply the required documentation to verify your lawful right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

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### POSITION APPLIED FOR: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ If Part time, days available: \_\_\_\_\_

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

Have you ever been employed by CPT? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give dates: FROM \_\_\_\_\\_\_\_\_\\_\_\_\_ TO \_\_\_\_\\_\_\_\_\\_\_\_\_

Referred to CPT by: \_\_\_\_\_

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EDUCATIONAL BACKGROUND	NAME/CITY & STATE OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				

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COLLEGE

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## EMPLOYMENT HISTORY

Provide the following information from your past and current employers, assignments or volunteer activities - starting with the **most recent** (use additional sheets if necessary).

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EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
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ADDRESS

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TYPE OF WORK

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IMMEDIATE SUPERVISOR/TITLE

TELEPHONE NUMBER

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May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
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ADDRESS

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TYPE OF WORK

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IMMEDIATE SUPERVISOR/TITLE

TELEPHONE NUMBER

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May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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EMPLOYER	TELEPHONE	DATES EMPLOYED	POSITION
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ADDRESS

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TYPE OF WORK

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IMMEDIATE SUPERVISOR/TITLE

TELEPHONE NUMBER

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May we contact for Reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**REFERENCES:**

Give the name of three business/work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references who are not related to you.

NAME	CITY/STATE	TELEPHONE	YRS ACQUAINTED
1.			
2.			
3.			

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or 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 such assurances must be in writing and signed by an authorized officer.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my employment, I agree to conform to CPT's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by CPT.

I have read and fully understand the foregoing and seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPEARANCE: \_\_\_\_\_

ABILITY: \_\_\_\_\_

HIRED: Yes \_\_\_\_\_ No \_\_\_\_\_ POSITION: \_\_\_\_\_

SALARY/HOURLY RATE: \_\_\_\_\_

DATE REPORTING TO WORK: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

NAME

TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE