

ADVANCED PHYSICAL THERAPY

AN EQUAL OPPORTUNITY EMPLOYER

All applicants are considered for employment without regard to race, color, national origin, religion, sex, age, marital or veteran status, or any medical or physical impairment that will not adversely affect the safe and satisfactory performance of one's job.

PLEASE PRINT

Name _____ Date _____

Street Address _____

City, State, and Zip _____

Telephone # (Home) _____ (Work) _____

E-mail address _____ (Cell) _____

Have you ever been employed with this company before?

_____ Yes (Dates) _____

_____ No

Have you ever applied for employment with us before?

_____ Yes (Dates) _____

_____ No

Are you a US Citizen? _____ Yes _____ No _____ No, but I have proof of authorization to work.

REFERRAL/RELATIVES

Please list all relatives and acquaintances who are employed with this company.

(Note: The employment of a relative or acquaintance is not a qualification for employment nor will it result in preference in employment.)

Name	Relationship	Dept/Location
_____	_____	_____

How did you learn of employment opportunities at our company?

JOB AND AVAILABILITY

For which locations do you wish to be considered? (circle all that apply)

Anderson	Franklin	Noblesville	Shelbyville
Center Grove	Greenfield	Northeast	West
East	Lafayette	South	Corp. Office (West)
Eagle Highland	North	Southeast	Other

APT Employment Application

Position(s) applied for _____

Minimum weekly salary required _____

Date available for work _____

Are you available to work _____ Full Time _____ Part Time _____ Temporary

Given that some positions require closing shifts (until 7pm) 2-3 days per week; what, if any, conflicts with your schedule need to be taken into consideration? _____

CRIMINAL RECORD

(Note: A guilty plea or conviction of a crime, or a pending charge, is not an automatic bar to employment; all circumstances will be considered.)

Have you ever pled guilty to, or been convicted of, a felony? _____ Yes _____ No

If yes, state nature of the felony: _____

Date of plea(s) or conviction(s) _____

PROFESSIONAL STAFF – Licensed staff **ONLY need to complete this section.**

Have you been involved in a Medicare, Medicaid or other federal government program investigation?

_____ Yes _____ No

Have you ever been sanctioned by Medicare, Medicaid or the federal government? _____ Yes _____ No

Has your professional or clinical license ever been revoked or suspended? _____ Yes _____ No

If yes, please explain: _____

Have you ever had any malpractice claims against you? _____ Yes _____ No

If yes, please explain: _____

Are you currently licensed to practice in Indiana? _____ Yes _____ No

If no, please explain: _____

MILITARY SERVICE

If you served in the Armed Forces or some equivalent, describe your duties and any special training:

Branch of Service _____ From _____ To _____

Rank at discharge _____

APT Employment Application

EDUCATION AND TRAINING

	Name City / State	Type of Course or Major	Degree Diploma
High School			
College			
Grad School			
Trade / Business Night / Correspondence/ Other			

EMPLOYMENT HISTORY (please complete below or submit a current resume with this application)

List present or most recent employer first and continue in reverse chronological order, including self employment. If you need additional space, please continue on a separate piece of paper.

Dates Month / Year		Employer Name / Address	Supervisor	Your Job Title	Job Rate	
From					Start	
To					Finish	
Your reason for leaving:						
Describe in detail the kind of work you do (did):						
If you are presently employed, why do you want to change jobs?						

Dates Month / Year		Employer Name / Address	Supervisor	Your Job Title	Job Rate	
From					Start	
To					Finish	
Your reason for leaving:						
Describe in detail the kind of work you do (did):						
If you are presently employed, why do you want to change jobs?						

APT Employment Application

REFERENCES

List 2-3 **professional** references from previous employment that we may contact.

Name	Position	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete; and I understand and agree that false statements, misrepresentations, or significant omissions in this application or during any subsequent interview form proper grounds for not hiring me or for terminating my employment if discovered at a later date.

I hereby authorize the Company to investigate fully all information contained in this employment application and to investigate and compile any other information that might bear upon my suitability for employment. I further authorize my past and present employers to furnish this Company with my complete records of employment together with the reasons for my separation and any and all information that such employers may possess concerning me. I release past and present employers and their officials, officers and agents from any and all liability or any damages that might accrue to me by reason of furnishing such information and I similarly release this Company from liability or damages for compiling such information.

I understand and agree that if I am employed, the employment relationship will be terminable at will by either party without notice or cause, notwithstanding any other oral or written statements by either party prior to, at, or following date of employment unless set out in writing, dated, and executed by both parties or their designated legal agents. Only the President or Executive Vice President has such authority on behalf of the Company.

I understand that prior to employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law and any applicable contract, to take a polygraph, drug or alcohol screen, or similar test or examination, or submit to a background check as a condition of hiring or continued employment.

I understand and agree that employment with the Company may be subject to a satisfactory physical examination at Company expense up to a pre-determined amount, and I am willing to undergo a post-offer physical examination.

I understand that this application will be considered active for a period of six (6) months only, and that I will not be considered for employment after six (6) months from the date of this application unless I complete a new application at that time.

Signed: _____ Date: _____