



SPORTS & WELLNESS
PHYSICAL THERAPY

Where rehabilitation and a healthy lifestyle meet...

APPLICATION FOR EMPLOYMENT

3440 S. Higuera, Suite 120 SLO, CA 93401 PH (805) 439-2159

		DATE OF APPLICATION:		
		DATE YOU COULD START WORK:		
		TYPES OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
NAME:		ADDRESS: Number Street		
TELEPHONE:	MESSAGE PHONE:	City	State ZIP	
List any other names by which you have ever been known:				
Who referred you to us, or how did you hear about this job?				
EDUCATION:		NO. OF YEARS COMPLETED	DEGREE	MAJOR/MINOR
HIGH SCHOOL	NAME & LOCATION			
COLLEGE(S)			YR	
			YR	
TRADE, BUSINESS OR OTHER SCHOOLS				
Describe any other special training you've received:				
WORK EXPERIENCE: (You may substitute a current resume for this section only; all other sections must be completely filled out, and the application must be initialed and signed.)				
1 COMPANY:		FROM: MO/YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ADDRESS:		TO: MO/YR	REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	
JOB TITLE:		NAME AND TITLE OF YOUR SUPERVISOR:	EXPLANATION:	
DUTIES:				
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:		
2 COMPANY:		FROM: MO/YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ADDRESS:		TO: MO/YR	REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	
JOB TITLE:		NAME AND TITLE OF YOUR SUPERVISOR:	EXPLANATION:	
DUTIES:				
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:		
3 COMPANY:		FROM: MO/YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ADDRESS:		TO: MO/YR	REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	
JOB TITLE:		NAME AND TITLE OF YOUR SUPERVISOR:	EXPLANATION:	
DUTIES:				
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:		

4 COMPANY: ADDRESS:	FROM: MO/YR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	TO: MO/YR	REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
JOB TITLE: DUTIES:	NAME AND TITLE OF YOUR SUPERVISOR:	EXPLANATION:
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No PHONE NUMBER:		
Explain any periods of unemployment between the jobs listed above: (Do not provide any information about physical or mental disabilities or other medical information.)		

PERFORMANCE AND BACKGROUND INFORMATION:

Do you use alcohol to the extent that it would impair your job performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
Is there any reason why you would not be able to conform to our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
Do you have any commitments to another entity, business or person that might affect your employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide proof of authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? DO NOT INCLUDE: arrests that did not lead to conviction; records that have been sealed, expunged, or statutorily eradicated; minor marijuana convictions that are more than two years old; referral to or participation in a pretrial or post-trial diversion program; or records relating to arrest, detention, processing, or adjudication while you were subject to the juvenile court system.. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly describe the circumstances of your conviction, the date, nature and place of the offense, and the disposition of the case. A conviction will not necessarily disqualify you from employment.	

Is there anything else you would like us to know that will help us make a hiring decision?

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN BELOW

I declare that the information on this application and my resume is true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment and will be justification for my dismissal from employment if discovered at a later date. _____ (initials)

I authorize Sports & Wellness Physical Therapy or its agent, at any time prior to or during my employment, to investigate the information in this application and my resume, and further authorize any person or institution, including my current employer (except if noted otherwise above) to provide Sports & Wellness Physical Therapy with records, information, and opinions that may be useful in making a hiring decision, and I release all such informants from all liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith. _____ (initials)

If I become employed, I agree to abide by the rules, regulations, policies and procedures of Sports & Wellness Physical Therapy. The Company, in its sole discretion, may amend, change, modify or delete its rules, regulations, policies and procedures at any time in writing and signed by the Owner. _____ (initials)

I understand that my employment will be at-will, and either Sports & Wellness Physical Therapy or I may terminate the employment relationship, with or without cause or notice, at any time. I understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me. _____ (initials)

I understand that I will be required to possess a current annual CPR Certification each year of my employment. _____ (initials)

I understand that I will be required to possess a current and valid California driver's license and automobile insurance if my job requires me to drive in the course of my work. _____ (initials)

If offered employment, I understand that I will be required to review, complete and execute various employment documents, including but not limited to, this application, employee handbook and its receipt form, confidentiality and non-disclosure agreements. I agree that the process of my being hired will not be complete until all employment documents have been signed. _____ (initials)

I agree that upon termination of my employment I will return all Company property and records in my possession. _____ (initials)

Signature _____ Date _____