



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Employment with TEAM Physical Therapy, P.C. is at-will, meaning either the employee or the employer may accept or terminate employment at any time for any or no reason. This application is not an offer of employment.

PLEASE PRINT:

Date of Application: ___/___/___

Position Applied For: _____

Last Name		First Name	
Address	City	State	Zip
Telephone		E-mail (only if you prefer this method of contact)	

On what date would you be available to begin work? _____/_____/_____

Would you prefer full-time or part-time hours? F P

Are you able to provide proof of your citizenship or immigrant status upon employment? Y N

Rate your general desk top computer skills 1-----10
Not very good excellent

How familiar are you with Microsoft Office products such as Word, Excel, Outlook Express? 1-----10
Not at all very familiar

Do not answer the following question unless you have been informed of the requirements of the position for which you are applying:

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities required in the job for which you have applied? Y N

Personal References:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Work History: Beginning with your current, or most recent, employment, military assignment or volunteer activity, please fill in the following: (exclude any employers or organizations that indicate race, color, religion, gender, national origin, disabilities, or other legally protected status)

Employer	Length of employment	Job Duties
Address		
Phone	Final wage/salary (optional)	
Job Title		
Supervisor		
Reason for Leaving		
Employer	Length of employment	Job Duties
Address		
Phone	Final wage/salary (optional)	
Job Title		
Supervisor		
Reason for Leaving		
Employer	Length of employment	Job Duties
Address		
Phone	Final wage/salary (optional)	
Job Title		
Supervisor		
Reason for Leaving		

Additional Qualifications: Please tell us anything you think would be beneficial in considering your application

Resume attached? Y N

What is the best way and time to reach you?
