

**NEWSOME PHYSICAL THERAPY
APPLICATION FOR EMPLOYMENT**

An EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Date of Application(s) _____ **Position (s) Applied For** _____

Name _____ **Telephone** _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

E-mail Address _____

If employed and under 18 years of age, can you furnish a work permit? _____ Yes _____ No

Have you filed an application with this company before? _____ Yes _____ No

If yes, give date: _____

Have you ever been employed with this company before? _____ Yes _____ No

If yes, give date: _____

Are you currently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed
in this country because of visa or immigration status? _____ Yes _____ No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

When are you available to work? _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Have you been convicted of a felony within the last 7 years?* _____ Yes _____ No

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

*(*Illinois applicants: Under Illinois law, applicants are not obligated to disclose sealed or expunged records of conviction or arrest.)*

APPLICATION FOR EMPLOYMENT

EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

APPLICATION FOR EMPLOYMENT

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____
 Address: _____

2. Name: _____ Telephone: _____
 Address: _____

3. Name: _____ Telephone: _____
 Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

2.	Employer:	Dates Employed:
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	Address:	From:	To:
	Phone Number:	Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting: Final:
	Work Performed:		
	Reason For Leaving:		
3.	Employer:	Dates Employed:	
	Address:	From:	To:
	Phone Number:	Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting: Final:
	Work Performed:		
	Reason For Leaving:		
4.	Employer:	Dates Employed:	
	Address:	From:	To:
	Phone Number:	Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting: Final:
	Work Performed:		
	Reason For Leaving:		

If you need additional space, please continue on a separate sheet of paper.

APPLICATION FOR EMPLOYMENT

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment experience or education.

NOTES:

APPLICATION FOR EMPLOYMENT

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Send completed application to:

Newsome Physical Therapy Network
920 Essington Road, Joliet, IL 60435
Attn: Human Resources

Or fax to
(815) 744-4772