

**NEWSOME PHYSICAL THERAPY  
APPLICATION FOR EMPLOYMENT**

**An EQUAL OPPORTUNITY EMPLOYER**

*(PLEASE PRINT)*

**Date of Application(s)** \_\_\_\_\_ **Position (s) Applied For** \_\_\_\_\_

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**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: \_\_\_\_\_

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*(\*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
<b>School Name</b>				
<b>Years Completed/ Degree</b>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<b>Diploma/Degree</b>				
<b>Describe Course of Study</b>				
<b>Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities</b>				

**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.)

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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.)

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

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

*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.

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**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.

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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