



Rancho Physical Therapy

Employment Application – Equal Opportunity Employer

APPLICANT INFORMATION

Date: _____

Name: _____

Last Middle First

Telephone #: (____) _____ (____) _____
Home Cell E-mail Address

Address: _____
Street City State Zip

EMPLOYMENT DESIRED

Position applying for: _____

ARE YOU APPLYING FOR:

Regular Part-Time	Yes ___ No ___	Regular Full-Time	Yes ___ No ___
Temporary	Yes ___ No ___	Would you work Overtime if necessary?	Yes ___ No ___

Are you available weekends? Yes ___ No ___

If hired, what date can you start? _____ Salary/Wages desired? _____

PERSONAL INFORMATION

Have you ever worked at Rancho Physical Therapy before? Yes ___ No ___

If yes, when? _____ Where? _____

Do you have friends/relatives working at Rancho Physical Therapy? Yes ___ No ___

If yes, state their name(s) and relationship: _____

If hired, would you have reliable means of transportation to and from work? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying? Yes ___ No ___

If yes, please identify what you consider the essential functions: _____
If no, describe the functions you are not able to perform: _____

Are you at least 18 years of age? Yes ___ No ___

If hired, could you present evidence of your legal right to live and work in this country? Yes ___ No ___

Are you currently employed? Yes ___ No ___

If so, may we contact your current employer? Yes ___ No ___

Have you ever used another name? Yes ___ No ___

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on your work and educational record? Yes ___ No ___

If yes, please explain: _____

EDUCATION

School	Name/Address	Number of years completed	Did you graduate?	Degree/Diploma
High School				
College/ University				
Graduate or Professional				
Vocational/ Business				

Answer the following questions only if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes ___ No ___

Has your license/certificate ever been revoked? Yes ___ No ___

If yes, state reason, date, etc. _____

License/certification #: _____

Issuing state: _____

Have you ever had any computer or word processing experience or training? Yes ___ No ___

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? Yes ___ No ___

If yes, please describe: _____

REFERENCES

List below two persons not related to you who have knowledge of your work performance within the last three (3) years:

1.

Name: _____	Occupation: _____
Address: _____	_____
Street	City State Zip
Telephone #: () _____	Number of Years Acquainted: _____

2.

Name: _____	Occupation: _____
Address: _____	_____
Street	City State Zip
Telephone #: () _____	Number of Years Acquainted: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years are sufficient). You must complete this page.

Name of Employer: _____	Position: _____
Address: _____	_____
Street	City State Zip
Telephone #: () _____	Immediate Supervisor's Name: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____ Position: _____

Address: _____
Street City State Zip

Telephone #: (____) _____ Immediate Supervisor's Name: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____ Position: _____

Address: _____
Street City State Zip

Telephone #: (____) _____ Immediate Supervisor's Name: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Please read carefully. Initial each paragraph and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true/correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission, misrepresentation or falsification of material fact on this application or on any document used to secure employment will be grounds for rejection to this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Rancho Physical Therapy, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and, further authorize the references I have listed to disclose to Rancho Physical Therapy, Inc. any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release Rancho Physical Therapy, Inc., my former employers and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that employment at Rancho Physical Therapy, Inc. is at-will. I understand that nothing contained in this application, or conveyed during any interview may be granted or during my employment, if hired, is intended to create an employment contract between Rancho Physical Therapy, Inc. and me. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either Rancho Physical Therapy, Inc. or myself.

Mediation/Arbitration: I agree and understand that, as a condition of employment, I voluntarily waive all rights to a civil court action involving allegations of unlawful harassment, discrimination and/or wrongful termination, and I agree to submit such disputes to mediation and/or binding arbitration.

Rancho Physical Therapy provides equal employment opportunities (EEO) to all employees and applicants for their employment without regard to race, color, creed, religion, sex, national origin, age, disability, veteran status, marital status or other prohibited characteristics in accordance with applicable local, state, or federal laws. In addition, we comply with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. It is also our policy to make every effort to afford all employees with disabilities reasonable accommodations to perform their jobs.

Applicant's Signature

Date



Rancho Physical Therapy
Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary* and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity purposes, and it will not become part of your personnel record if you are hired by this company. The data below is used specifically for meeting Federal Equal Employment Opportunity reporting responsibilities. No other disclosure on an individual identifiable basis is made.

Name: _____

Sex: Male Female

Race/Ethnicity: Hispanic or Latino
 White
 Black or African
 Native Hawaiian or Pacific Islander
 Asian
 American Indian or Alaskan Native
 Other, Please specify _____

To be completed by employer:

EEO-1 Category: 1. Officials and Managers 6. Crafts - Skilled
 2. Professionals 7. Operatives - Semi-Skilled
 3. Technicians 8. Laborers – Unskilled
 4. Sales 9. Service Workers
 5. Administrative Support workers

Employer information completed by:

Name: _____ Date: ____/____/____