



PHYSICAL THERAPY AND  
AQUATIC REHABILITATION

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: ----- -----
Date:

Canyon Physical Therapy and Aquatic Rehabilitation is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, Canyon Physical Therapy and Aquatic Rehabilitation is a drug free and non-smoking workplace.

*Please type or print. This application must be legible, fully completed, signed and dated for consideration.*

Name: Last, First, Middle			
Other Names Used:			
Address:	City	State	Zip
Home Telephone Number		Best Time to Call:	
Email Address:			
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes: Work Telephone #:		Best Time to Call:	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of U.S. Citizenship or immigration status will be required upon employment)			
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
Will you work overtime if required? Yes No		Date available for work:	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	Lic. State	Expiration Date
Have you ever been convicted, received deferred adjudication, or entered a guilty plea or no contest plea for any felony or class 1 misdemeanor offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: A "yes" answer will not automatically disqualify you from employment with Canyon Physical Therapy and Aquatic Rehabilitation. If yes, please explain. Include dates, places, and nature of offenses. _____ _____			
Are you presently under indictment for any felony or class 1 misdemeanor offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain. Include dates, places, and nature of offenses. Do not include information for any charges that have been dismissed or are no longer pending. _____ _____			
Have you ever been dismissed from any Job or resigned from any job in lieu of termination? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____			

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**EDUCATIONAL BACKGROUND:**

Check highest grade completed:	High school: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	GED <input type="checkbox"/>	College: <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate Work: <input type="checkbox"/> Yes <input type="checkbox"/> No			

College/University/Trade School	City/State	Dates Attended	Degree / Diploma	Major

IF YOU ARE FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH, PLEASE LIST:

**EMPLOYMENT HISTORY:**

List your complete employment history for the past ten years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of un-employment, do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided. Use additional blank sheets if needed.

Current Employer		Date Employed		Contact Name for employment verification:	
Employer Name:	From:				
Telephone:					
Address:	To:	Telephone:			
Job Title:	Starting Salary	Final Salary	May we contact current employer? Yes                  No		
Summarize your job responsibilities:		Reason for Leaving?			

Previous Employer		Date Employed		Contact Name for employment verification:	
Employer Name:	From:				
Telephone:					
Address:	To:	Telephone:			
Job Title:	Starting Salary	Final Salary	May we contact current employer? Yes                  No		
Summarize your job responsibilities:		Reason for Leaving?			

Previous Employer		Date Employed		Contact Name for employment verification:	
Employer Name:	From:				
Telephone:					
Address:	To:	Telephone:			
Job Title:	Starting Salary	Final Salary	May we contact current employer? Yes                  No		
Summarize your job responsibilities:		Reason for Leaving?			

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**PROFESSIONAL WORK REFERENCES:**

List name, address and telephone number of three professional/work references who are not related to you. Please include one previous supervisor

Name, Company, Address	Telephone #

**SPECIAL SKILLS AND QUALIFICATIONS:**

Typing - Words per Minute	List any PC / Software applications or other business machines you are proficient in operating:

Job Related Certificates / Licensure	Date Acquired	Status: Current / Void

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any additional comments and/or information you would like us to consider:

Where did you hear about us? Check all that apply..

Newspaper                       Internet                       Other \_\_\_\_\_  
 Professional Journal                       Canyon PT Employee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**IN MAKING APPLICATION FOR EMPLOYMENT.**

I certify that all information on this application form is complete and accurate. I understand that any omission or misstatement of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize Canyon Physical Therapy and Aquatic Rehabilitation to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should so advise upon submitting this application.

**I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK OR POLICY DOCUMENT WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.** I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a test/screen for alcohol and drugs in accordance with clinic policy. Continued employment is also contingent upon compliance with the clinic's Alcohol and Drug Abuse Policy.

**RELEASE:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Register/Placement Office of all educational institutions attended by me to release an official copy of my transcript and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history. A copy of this release is as valid as the original.

I HAVE READ AND UNDERSTAND  THESE CONDITIONS OF EMPLOYMENT.	Signature of Applicant:	Date:

THANK YOU FOR COMPLETING THIS APPLICATION FORM  
AND YOUR INTEREST IN WORKING FOR CANYON PHYSICAL THERAPY AND AQUATIC REHABILITATION.