

NORTH PLATTE **PHYSICAL THERAPY**

EMPLOYMENT APPLICATION

Date of Application _____

PLEASE PRINT CLEARLY IN INK

Position Applying For _____

| PERSONAL | | | | | | | | |
|--|--|--|--|---|--|--|---|----------|
| LAST NAME | | | | FIRST NAME | | | MID. INT. | |
| HOME ADDRESS | | | | APT. # | CITY | | STATE | ZIP CODE |
| TEL NO. (AREA CODE) | | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, VISA TYPE AND NUMBER | | | SOCIAL SECURITY #: | | IS YOUR AGE UNDER 18 <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED FOR: (Please review the job description before answering this question) | | | | | | | | |
| DATE AVAILABLE | | STARTING SALARY NEEDED | | | WILL YOU ACCEPT ANOTHER POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: | | | |
| WILL YOU ACCEPT SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | WILL YOU ACCEPT WEEKEND WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | WILL YOU WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. | | | | |
| WERE YOU PREVIOUSLY EMPLOYED AT A NPPT FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHERE WHEN IN WHAT CAPACITY | | | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION: | | | | DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: DEPT. RELATIONSHIP | | | | |

| EMPLOYMENT HISTORY | | | | | | | |
|--|------------------|--|------|--|----------|---|-----------------|
| LIST MOST RECENT POSITION FIRST | | | | LIST OTHER NAMES USED WHILE EMPLOYED WITH THESE EMPLOYERS: | | | |
| FROM | NAME OF EMPLOYER | | | NAME/TITLE OF LAST SUPERVISOR | | | TELEPHONE NO. |
| Mo. Yr. | | | | | | | |
| TO | ADDRESS: Street | | City | State | Zip Code | POSITION HELD | ENDING SALARY |
| Mo. Yr. | | | | | | | _____ per _____ |
| Briefly describe the work you performed: | | | | | | | |
| Reason for leaving: | | | | | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| FROM | NAME OF EMPLOYER | | | NAME/TITLE OF LAST SUPERVISOR | | | TELEPHONE NO. |
| Mo. Yr. | | | | | | | |
| TO | ADDRESS: Street | | City | State | Zip Code | POSITION HELD | ENDING SALARY |
| Mo. Yr. | | | | | | | _____ per _____ |
| Briefly describe the work you performed: | | | | | | | |
| Reason for leaving: | | | | | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| FROM | NAME OF EMPLOYER | | | NAME/TITLE OF LAST SUPERVISOR | | | TELEPHONE NO. |
| Mo. Yr. | | | | | | | |
| TO | ADDRESS: Street | | City | State | Zip Code | POSITION HELD | ENDING SALARY |
| Mo. Yr. | | | | | | | _____ per _____ |
| Briefly describe the work you performed: | | | | | | | |
| Reason for leaving: | | | | | | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| EDUCATION | | | | | | | | | | |
|--------------|----------------|----------|-----------------|-------|-----|-----|-----|-----------------|---|----------------|
| SCHOOL | NAME OF SCHOOL | LOCATION | YEARS COMPLETED | DATES | | | | COURSE OF STUDY | DID YOU GRADUATE | DIPLOMA DEGREE |
| | | | | FROM | | TO | | | | |
| | | | | Mo. | Yr. | Mo. | Yr. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ELEMENTARY | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HIGH SCHOOL | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TRADE | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| GRADUATE | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PROFESSIONAL | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| BUSINESS | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

| | | | | | | | | | | | | | |
|-----------------|------------------------|--------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------------|---------------------------------|
| LANGUAGE SKILLS | LANGUAGE _____ DO YOU? | <input type="checkbox"/> SPEAK | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> FLUENT | <input type="checkbox"/> READ | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> FLUENT | <input type="checkbox"/> WRITE | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> FLUENT |
|-----------------|------------------------|--------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|--------------------------------|-------------------------------|-------------------------------|---------------------------------|

Professional Licenses, Registration and/or Certificates • Do Not Include Drivers License

| TYPE | STATE ISSUED | DATE ISSUED | EXPIRES | NUMBER | ELIGIBLE |
|------|--------------|-------------|---------|--------|----------|
| TYPE | STATE ISSUED | DATE ISSUED | EXPIRES | NUMBER | ELIGIBLE |
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APPLICANT'S CERTIFICATION

I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I agree, if employed, to abide by all North Platte Physical Therapy rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.

I hereby authorize NPPT to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I have read and understand the above.

_____ DATE _____ Signature

IMPORTANT NOTICE TO ALL APPLICANTS

If you selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.

