



Application for Employment

Name: _____ Date _____
Last First Middle

Address: _____
Street City State Zip

Telephone #: _____ Other: _____ Mobile: _____

Referred by: _____ Email: _____

Position(s) applied for: _____ Date available: _____

Income desired/year _____

Type of employment desired: Full-Time Part-Time
 Temporary Seasonal

Are you available to work overtime or evenings if required: Yes No

Are you available to work weekends and holidays if required: Yes No

Languages: English French Spanish Other _____

Have you worked with our Company before? Yes No

If yes, when? _____ at what location? _____

As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes No

Educational Background

List previous three (3) educational institutions attended, beginning with the most recent.

| <i>School / College / University</i> | <i>City</i> | <i>Graduated</i> | <i>Degree(s)/Diploma(s)</i> |
|--------------------------------------|-------------|--|-----------------------------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Employment Background

Provide the following information beginning with the most recent employer

| Employer | Telephone () | Dates Employed <i>From To</i> | Summarize type of work performed |
|----------|--|----------------------------------|----------------------------------|
| _____ | _____ | _____ | _____ |
| Address | Hourly Rates/Salary <i>Starting</i> | | |
| _____ | \$ _____ per | | |



Application for Employment

| | | |
|-----------|---------------------|-----|
| Job Title | Hourly Rates/Salary | |
| | <i>Final</i> | |
| | \$ | per |

| | |
|------------------------------|-------|
| Immediate Supervisor & Title | Email |
|------------------------------|-------|

Reason for Leaving

May we Contact your References? Yes No

| | | | |
|----------|------------------|---|----------------------------------|
| Employer | Telephone () | Dates Employed <i>From</i> <i>To</i> | Summarize type of work performed |
|----------|------------------|---|----------------------------------|

| | | |
|---------|---------------------|-----|
| Address | Hourly Rates/Salary | |
| | <i>Starting</i> | |
| | \$ | per |

| | | |
|-----------|---------------------|-----|
| Job Title | Hourly Rates/Salary | |
| | <i>Final</i> | |
| | \$ | per |

| | |
|------------------------------|-------|
| Immediate Supervisor & Title | Email |
|------------------------------|-------|

Reason for Leaving

May we Contact your References? Yes No

| | | | |
|----------|------------------|---|----------------------------------|
| Employer | Telephone () | Dates Employed <i>From</i> <i>To</i> | Summarize type of work performed |
|----------|------------------|---|----------------------------------|

| | | |
|---------|---------------------|-----|
| Address | Hourly Rates/Salary | |
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| | \$ | per |

| | | |
|-----------|---------------------|-----|
| Job Title | Hourly Rates/Salary | |
| | <i>Final</i> | |
| | \$ | per |

| | |
|------------------------------|-------|
| Immediate Supervisor & Title | Email |
|------------------------------|-------|

Reason for Leaving

May We Contact your References? Yes No

Comments: Include explanation of any gaps in employment



Application for Employment

Professional References

List the name, relationship, number of years acquainted and phone number of three professional references. No relatives please.

| <i>Name</i> | <i>Relationship</i> | <i>Years Known</i> | <i>Phone</i> |
|-------------|---------------------|--------------------|--------------|
| | | | |
| | | | |
| | | | |

I certify that all information I have provided in order to apply for and secure work with McDonald Physical Therapy (employer) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal Immigration laws require me to complete an I-9 Form in this regard.

Applicant's Signature _____

Date _____



Application for Employment

Please answer the following questions

What was the best job you ever had? Why did you like it so much?

What was your least favorite job? What did you NOT like about it?

Who was the best supervisor or manager you've had? What characteristics made that person a good manager?

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager?

What are your greatest strengths?

As your skills and abilities relate to your work experiences, what are the areas for improvement?

What traits or characteristics do you most admire in co-workers?

What traits or characteristics do you most DISLIKE in co-workers?

If you won five-million dollars in the lottery, would you choose to work? What would you do with your time?

What was the funniest thing that ever happened to you at work?
