

## EMPLOYMENT APPLICATION

### *AN EQUAL OPPORTUNITY EMPLOYER*

Please print your responses.

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
[Last name] [First]

Present Address: \_\_\_\_\_  
[Street] [Apartment]  
\_\_\_\_\_  
[City] [State] [Zip code]

Referred by: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Permanent address \_\_\_\_\_  
(if different from above): [Street]

\_\_\_\_\_  
[City] [State] [Zip code]

**In case of emergency, notify:** \_\_\_\_\_

\_\_\_\_\_  
[Address] [City] [State] [Zip code]

\_\_\_\_\_  
[Phone No. with area code]

### **EMPLOYMENT APPLIED FOR:**

Position you are applying for: \_\_\_\_\_

Salary Desired: \_\_\_\_\_  Full Time  Temporary (includes  Part Time  Holiday or summer employment)

Days and hours you are available for work: \_\_\_\_\_

Date you are able to start: \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we request information from your present employer?  Yes  No

Will you be available to work: Weekends?  Yes  No Overtime as necessary?  Yes  No

Have you ever applied for work with this Company before?  Yes  No

If so, Where/When? \_\_\_\_\_

**PERSONAL INFORMATION:**

**GENERAL:**

Do you possess any other background, training, skills or knowledge that qualifies you for the position applied for?  Yes  No

If so, please specify: \_\_\_\_\_

U.S. Military Service: Rank? \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

(NOTE: Persons under 18 must verify they are of minimum legal age to be hired)

If Gainesville Physical Therapy & Wellness, LLC. hires you, will you be able to document your U.S. citizenship or prove your legal right to live and be employed in the U.S.?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted at any time of a felony or serious criminal misdemeanor?  Yes  No

(NOTE: You do not have to list convictions for marijuana offenses more than two years old.)

If yes, specify the crime(s), the date and location of the conviction and the current status of the case:

(NOTE: An applicant will not be turned down for employment solely because he/she has been convicted of a crime. The particular crime, the date of conviction, the circumstances of the crime and the relation of the nature of the crime to the position being applied for can be considered by the Gainesville Physical Therapy & Wellness, LLC. in making the decision.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for a professional position:

Do you have a license or certificate for the position desired?  Yes  No

Name of license or certificate: \_\_\_\_\_ Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Date: \_\_\_\_\_

Has the license or certificate been suspended or revoked at any time?  Yes  No

If yes, please specify the grounds, date of action and date of reinstatement:

\_\_\_\_\_  
\_\_\_\_\_

I have read and I understand the attached job description for the position being applied for:  Yes  No

I am able to carry out the essential aspects of the position I am applying for:  Yes  No

If not, please state the job functions that cannot be carried out: \_\_\_\_\_

(NOTE: This Company complies with the Americans with Disabilities Act and will strive to implement measures needed to reasonably accommodate qualified applicants and employees to handle essential functions of a job. Hiring may be conditioned on passing a medical examination and/or tests of skill and dexterity.)

## Education

### Did you graduate?

High School: \_\_\_\_\_  
College University: \_\_\_\_\_  
Trade, Vocational Business, or Correspondence School: \_\_\_\_\_  
Any Special Skills, Certifications, Etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  
 Yes  No  
 Yes  No

## Employment

(Start with the most recent)

Date: \_\_\_\_\_  
(FROM) (TO)

Name & Telephone number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Salary: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date: \_\_\_\_\_  
(FROM) (TO)

Name & Telephone number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Salary: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date: \_\_\_\_\_  
(FROM) (TO)

Name & Telephone number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Salary: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date: \_\_\_\_\_  
(FROM) (TO)

Name & Telephone number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Salary: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**AUTHORIZATION: Gainesville Physical Therapy & Wellness, LLC. (GPTW)**

**Please fully read and understand the text below, initial separately at each paragraph, and date and sign at the bottom:**

\_\_\_\_\_ 1. I acknowledge and attest that I have completed this application for employment personally and that all the answers supplied in this application are complete and accurate. I also acknowledge and attest that I have not intentionally omitted or failed to disclose any data that may reduce my prospects for employment with this Company. I further acknowledge, attest and agree that any omission or failure to disclose significant, relevant information shall cause the Company to reject the application or, if I am hired, immediately terminate my employment, no matter how much time has passed before the Company learns such information.

\_\_\_\_\_ 2. I authorize the Company to research and investigate, through the references I have supplied and any other lawful channel, my employment history, education, skills and any other matter related to my qualifications for the position applied for. I similarly authorize the references I have supplied to disclose to the Company -- and without any notice to me of such disclosure -- any and all reports, transcripts, letters and other records and documents related to my past work, education and any other matter related to my qualifications for employment. Further, I hereby release the Company, all my past employers, all my past educational institutions and all other individuals, corporations, partnerships and organizations from any and all claims, demands, suits and/or liabilities arising from or in any way related to such research, investigation and/or disclosure.

\_\_\_\_\_ 3. Having read and understood the attached job description, I acknowledge and agree that in order to enable the Company to determine whether I possess the skills and other personal qualities necessary to qualify for the position I am applying for, the Company may engage in a testing and interview process. The tests may include but not be limited to those that measure intelligence, aptitude and personality traits required to meet the requirements of the position, including but not limited to meeting the Company's standards for performance, interpersonal relations and competence on the job. Accordingly, I hereby release the Company and any and all Company employees, representatives, associated testing services and any and all other individuals, corporations, partnerships and organizations from any and all claims, demands, suits and/or liabilities -- including but not limited to claims based on any state or federal rights of privacy -- arising from or in any way related to such testing and interview processes.

\_\_\_\_\_ 4. I acknowledge and agree that in the event of any claim or dispute that arises from my submission of this application and that cannot be resolved by initial direct communications between myself and the Company, the claim or dispute shall be settled by binding arbitration. The American Arbitration Association (AAA) shall arbitrate such dispute unless another third party arbitrator is agreed upon in writing by both parties. The arbitration shall be conducted either in accordance with the Model Employment Arbitration Procedures of the AAA which are in effect at the time of the arbitration or, if an alternative arbitrator is agreed upon, in accordance with the then current rules and procedures of that other third party arbitrator. In the event I am hired by the Company, then its published policies and procedures for resolution, mediation and arbitration of disputes with employees, including but not limited to those stated in the Company's employment agreement, shall replace this agreement to arbitrate.

\_\_\_\_\_ 5. I acknowledge and agree that nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process is intended to create an offer of employment or a contract of employment between me and the Company. I further acknowledge and agree that if hired by the Company, nothing in this application and nothing in communications between me and Company representatives or associates during the application, interview and/or testing process and nothing in my employment is intended to create or should be construed to create anything other than employment for no definite or determinable period and employment that may be terminated by either me or the Company at any time, for any reason or no reason at all and without prior notice. I further acknowledge and agree that no promises or representations contrary to any of the points made in these five numbered paragraphs are binding on the Company unless stated in writing and signed by me and an authorized Company representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

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

Approved: 1. 2. 3.  
Personnel Manager Department or Division Head Executive Director