



Application for Employment

| | | | | | |
|--|--------|------------|------|------------------------|----------|
| Position Applied For | | | | Date of Application | |
| Last Name | | First Name | | Middle Initial | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | | Social Security Number | |

Are you a citizen of the United States? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Desired Salary? _____

Hours you are available to work: Mon _____ Tues _____ Wed _____

Thur _____ Fri _____ Sat _____

Are you looking for part-time or full-time work? _____

Education _____

| | Name & City | Course of Study | Year Graduated | Diploma/Degree |
|-----------------------|-------------|-----------------|----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate College | | | | |
| Other (Specify) | | | | |

Have you ever been convicted of a felony? Yes No

Do you use illegal drugs? Yes No

Do you speak any foreign languages? If so which one(s) _____

ADVANCE PHYSICAL THERAPY, P.C.



List any specialized skills, training, apprenticeship, skills and extra-curricular activities _____

State any additional information you feel may be helpful to us in considering your application _____

References _____

| Name | Phone # | Relation (Supervisor, Friend) |
|------|---------|-------------------------------|
| | | |
| | | |
| | | |

Employment Experience _____

| Employer | Dates Employed | Salary | Reason for Leaving |
|----------|----------------|--------|--------------------|
| | | | |
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| | | | |

I certify that all provided information, to the best of my knowledge, is true and complete.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized Director of Advance Physical Therapy, P.C.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Advance Physical Therapy, P.C.

Signature _____ Date _____

400 N Broadway, Ste. D
Jericho, NY 11753
Phone (516) 827-9446
Fax (516) 827-0042

2920 Hempstead Tpke.
Levittown, NY 11756
Phone (516) 520-8712
Fax (516) 579-6839

910 Route 109, Ste. D
Lindenhurst, NY 11757
Phone (631) 225-1289
Fax (631) 225-6143

3728 Park Avenue, Ste. D
Wantagh, NY 11793
Phone (516) 679-1207
Fax (516) 679-2684