

# Application for Employment



*Resumes are not accepted in lieu of completed application*

Name (First, MI, Last)		Maiden Name (optional)		Date
Address	City	State	ZIP	
Phone Number	Position applying for		Salary requirement	
Previous Address (if less than 5 years)	City	State	ZIP	
How were you referred to us?		Do you have any relatives who currently work for TherapySouth? <input type="radio"/> No <input type="radio"/> Yes If yes, who?		
Are you willing to work: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary		When could you start employment?		

## Education

High School Attended	City, State	Dates Attended (optional)	Degree Received
College or University Attended			
Other Education or Training			

## Experience *Please list all experience starting with most recent employer. Attach second sheet if necessary.*

<b>Employer</b>	<b>Supervisor's Name</b>	<b>Dates of Employment</b>
Employer Address		Employer Phone Number
Job Title and Duties Performed		Reason for Leaving
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Employer Address		Employer Phone Number
Job Title and Duties Performed		Reason for Leaving

## Other Skills and Qualifications *Please list any job-related training, skills, licenses, certifications (including cert/lic #), equipment, software, and/or other qualifications.*

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## Professional References *Please list three references (at least one should be a current or former supervisor)*

Name	Affiliation	Years Known
Email Address	Telephone Number	
Name	Affiliation	Years Known
Email Address	Telephone Number	
Name	Affiliation	Years Known
Email Address	Telephone Number	

## Miscellaneous

Have you ever been previously employed by our organization? ☐ Yes ☐ No

Are you able to meet attendance requirements? ☐ Yes ☐ No

Do you have any objection to working overtime if necessary? ☐ Yes ☐ No

Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No

If you are under 18, can you furnish a work permit if it is required? ☐ Yes ☐ No

Have you been convicted of a crime in the last seven years (criminal or federal)? ☐ Yes ☐ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

## For Licensed Clinicians Only

Have you ever been sanctioned, disciplined, or otherwise reprimanded by a state board of physical therapy or any other clinical governing body? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Applicant's Acknowledgement and Authorization

I certify that all statements (verbal and written) in this application (or any other accompanying documents) are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at TherapySouth, LLC and maybe cause for immediate dismissal at any time without notice. I authorize the investigation of all matters contained in this application and hereby give TherapySouth, LLC permission to contact schools, present or former employers, division of motor vehicles, references and others, and hereby release TherapySouth, LLC, schools, previous employers and references from any liability as a result of such contact.

If employed by TherapySouth, LLC, I agree to comply with all safety regulations, company policies and procedures, and local, state and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organization needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired. I further understand that acceptance of an offer of employment does not create a contractual obligation upon TherapySouth, LLC to continue to employ me in the future or for any specific term. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

I have read and agree to the above terms and conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_