

MLITARY SERVICE

Branch of Service _____ Rank at Discharge: _____

Dates of Service: _____

Duties/Special Training: _____

EMPLOYMENT HISTORY

Begin with your most recent employer. Please use back of sheet if additional space is needed.

1. Employer's Name & Address _____ Dates/of Employment
 _____ From _____ /
 _____ To _____ /
 Telephone Number / / _____ Supervisor's Name _____
 Position Held _____ List Duties/ Responsibilities _____

 Salary Beginning _____ Ending Salary _____ Reason for Leaving _____

2. Employer's Name & Address _____ Dates/of Employment
 _____ From _____ /
 _____ To _____ /
 Telephone Nurnber / / _____ Supervisor's Name _____
 Position Held _____ List Duties/ Responsibilities _____

 Salary Beginning _____ Ending Salary _____ Reason for Leaving _____

3. Employer's Name & Address _____ Dates/ of Employment
 _____ From _____ /
 _____ To _____ /
 Telephone Number / / _____ Supervisor's Name _____
 Position Held _____ List Duties/ Responsibilities _____

 Salary Beginning _____ Ending Salary _____ Reason for Leaving _____

We may contact the employers listed above unless you indicate below those who you do not want us to contact. Employer Number from above: _____ / _____ / _____, Reason:

Additional Information

Have you ever been accused or convicted of a crime (other than traffic violations) or been imprisoned during the last ten years? (A conviction will not necessarily bar you from employment.) Yes ____ No ____ If Yes, please explain: _____

Please list below the names of friends or relatives that are employed by this company.

Do you have any physical or mental disability that will limit your performance in the job you are applying for? Yes ____ No ____ If yes, please describe limitation: _____

Have you ever been a litigant in a suit against a former employer? Yes ____ No ____
If yes, please explain: _____

References

1. Name & Address _____
Telephone Number _____
Occupation _____

2. Name & Address _____
Telephone Number _____
Occupation _____

3. Name & Address _____
Telephone Number _____
Occupation _____

Other

Please note any other details which should be considered in review of your qualification. (Include special skills, scholastic honors and rewards, licenses, specialized interests, ect.)

I give Progressive Physical Therapy Services, Inc the right to perform a Criminal Background check.

Signature: _____

ACKNOWLEDGMENT

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature

____/____/____
Date

FOR OFFICE USE ONLY

Interview Date: ____/____/____

Interviewed by: _____

Comments: _____

Offered Position Yes__ No__ Starting Salary,\$____ Per. __ hour __ month __ year __

Started Date ____/____/____