

Pillsbury Physical Therapy Application for Employment

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, veteran's status, or any other basis protected by state, federal, or local law. It is the intent of Pillsbury Physical Therapy Inc. to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this application for employment as thoroughly as possible.

Personal Information

Name: Please print or type

Social Security #

Home/Cell Telephone #

Address: Street Number & Name, City, State, Zip

Number of years at present address

Previous Address

Number of years at previous address

Email Address

Can you, after employment, submit verification of your legal right to work in the U.S.?

Yes No

____/____/____ If hired, do you have reliable means of transportation to get to work?
Date of Birth (M/D/Y) Yes No

Have you ever been convicted of a felony?

Yes No If yes, please explain: (A conviction will not necessarily disqualify you)

Employment Desired

Type of position desired:

Date available:

Salary Desired:

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever applied at Pillsbury Physical Therapy Inc. before? Yes No

Have you ever been employed by Pillsbury Physical Therapy Inc. before? Yes No

How were you referred to Pillsbury Physical Therapy Inc.?

- Advertisement
 Employee Referral
 Walk-in
 Agency
 Other (please specify below)

Education and Training

School Name & Location	Years Attended		Graduate?	What Degree	Major Subject/Total Hours
	From	To	Yes/No		

Overall College Scholastic Average: _____

Highest Degree Earned: (circle one number only)

1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate

List any additional education, vocational, and/or professional information, such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information which is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below:

Professional memberships, certificates, or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.

Typing: _____ (WPM)
 Computer Skills: _____
 Other machines requiring skills: _____

Employment Data

Please list in order of most recent employer first:

1. Company Name	Phone Number	Dates of Employment
Address (Include Street, City, State, Zip)		
Job Title-Start	Job Title-Final	Rate of Pay-Start Rate of Pay-Final
Supervisor (Name & Title)		

Description of Job Duties:

Reason for leaving

2. Company Name	Phone Number	Dates of Employment	
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Address (Include Street, City, State, Zip)

Job Title-Start	Job Title-Final	Rate of Pay-Start	Rate of Pay-Final
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Supervisor (Name & Title)

Description of Job Duties:

Reason for leaving

3. Company Name	Phone Number	Dates of Employment	
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Address (Include Street, City, State, Zip)

Job Title-Start	Job Title-Final	Rate of Pay-Start	Rate of Pay-Final
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Supervisor (Name & Title)

Description of Job Duties:

Reason for leaving

4. Company Name	Phone Number	Dates of Employment	
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Address (Include Street, City, State, Zip)

Job Title-Start	Job Title-Final	Rate of Pay-Start	Rate of Pay-Final
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Supervisor (Name & Title)

Description of Job Duties:

Reason for leaving

Reference Data
Professional/Work References We May Contact

Name:	Address:	Phone:

THIS SECTION IS INTENTIONALLY LEFT BLANK

Pre-Employment Certification

_____ I understand that this application is only valid for the position applied for at present and that Pillsbury Physical Therapy Inc. is not obliged to retain or consider this application for future openings. I also understand that this application will only be considered active for thirty (30) days.

_____ I understand that all statements contained in this application may be investigated. I further understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I agree to authorize Pillsbury Physical Therapy Inc. to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

_____ If employed by Pillsbury Physical Therapy Inc. I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

_____ If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained by such physical examinations.

_____ I agree to submit to legally permissible drug and/or alcohol testing upon request by Pillsbury Physical Therapy Inc. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the company storage areas provided for me (locker, desk, etc.) are open to investigation by the company without prior notice to me.

_____ If I am employed by the company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the company or myself. I understand that, other than the Owner of the company, no manager, supervisor, or representative of the company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete, and final expression of the parties' intent concerning the nature of any employment relationship between myself and Pillsbury Physical Therapy Inc.

_____ I agree that if any portion of or a provision in this application is held by a court of competent jurisdiction to be invalid, void, or unenforceable; such a finding shall not render this Agreement invalid, void, or unenforceable as a whole. Rather, the remaining portions/provisions of the application will continue in full force without being impaired or invalidated in any way.

My signature below certifies that I have read and understand the foregoing and the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in the application. This application contains all the understandings and agreements between me and Pillsbury Physical Therapy Inc. concerning the nature of my employment, if any, by the company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations, and promises, expressed or implied, between me and the company. I understand and agree that, except as noted above, no person who is either an agent or employee of the company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Application Signature

Date of Application

Interviewer's Signature

Date