

MVP Physical Therapy  
Employment Application



An Equal Opportunity Employer

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Availability Date: \_\_\_\_\_

Current Work Phone No.: \_\_\_\_\_ Cell Phone \_\_\_\_\_

License/Certifications Held: \_\_\_\_\_ Are you over 18 years Y / N

Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Minimum Salary Expected: \_\_\_\_\_ License No. & Exp. Date \_\_\_\_\_ Issued By: \_\_\_\_\_

Are you active in any business and/or professional organization?

\_\_\_\_\_  
(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Have you been convicted of a felony in the last 10 years? \_\_\_\_ Offense: \_\_\_\_\_ Date: \_\_\_\_  
Location: \_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_  
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything, which would interfere with your regular attendance and punctuality if you are offered a job with the company? [ ] YES [ ] NO

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

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**U.S. Military Record**

Service Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Are you a member of the Active Reserves? \_\_\_\_\_

Briefly Describe your military duties: \_\_\_\_\_

List any training or skills received: \_\_\_\_\_

**Educational Background**

Type of School	Name of School and Location	Dates Attended From	To	Major Area of Study	Degree Obtained	Date of Degree
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List Special awards or recognition

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

**Work Experience – List Chronologically Starting with Current Position**

Employer 1: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

City & State: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name, Title and Telephone number of Supervisor: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

City & State: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name, Title and Telephone number of Supervisor: \_\_\_\_\_

Employer 3: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

City & State: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name, Title and Telephone number of Supervisor: \_\_\_\_\_

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Employer 4: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
City & State: \_\_\_\_\_ Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name, Title and Telephone number of Supervisor: \_\_\_\_\_

Employer 5: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
City & State: \_\_\_\_\_ Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name, Title and Telephone number of Supervisor: \_\_\_\_\_

Please specify the employers we may contact for reference check:

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No

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

Additional Information:

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Person(s) to notify in case of emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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Read Carefully Before Signing

I certify that all information I have provided herein, i.e. application, resume, interview, is true and correct and that I have made no effort to conceal pertinent information. I authorize my former employers, schools and references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by MVP Physical Therapy and that if any information given by me in this application or resume is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employment, and I agree to hold MVP Physical Therapy and persons named herein blameless in that event.

By initialing here \_\_\_\_\_, I certify that I have elected to attach a resume in place of completing specific areas on this application that are covered on my resume. I have signed my resume to certify that all information is true and correct and that I have made no effort to conceal pertinent information.

If employment is obtained under this application, I will comply with all rules and regulations of the Company. I agree to be responsible for Company property and equipment issued me by the Company until returned by me and to pay for property and equipment not returned. I agree to submit to physical examination if required by the Company. Further, I understand and agree that my employment is for no definite period of time and may, regardless or date of payment of my salary, be terminated at any time by MVP Physical Therapy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_