



# Midland Physical Therapy JOB APPLICATION FORM

**IMPORTANT NOTE:** We are an Equal Opportunity Employer. All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Position sought: \_\_\_\_\_ With organization: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Are you authorized to work in the U.S. without any restriction? [ ] Yes [ ] No

Have you ever been convicted of a crime or felony? [ ] Yes [ ] No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(NOTE: a criminal conviction is not automatic grounds for rejection. However, lying about a criminal violation may become the basis for disqualification).

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

If selected for employment, are you willing to submit to a pre-employment medical test, if applicable? [ ] Yes [ ] No

EDUCATION				
School Name	Location	Years Attended From - to	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT:**  
(Most recent first)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Specific skills acquired: \_\_\_\_\_

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

**2. Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Specific skills acquired: \_\_\_\_\_

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

**3. Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Specific skills acquired: \_\_\_\_\_

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

**4. Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Specific skills acquired: \_\_\_\_\_

\_\_\_\_\_

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

**Other employment:** list any other employer you have worked with, prior to any of the jobs mentioned above:

<b>Job title</b>	<b>Employer's name</b>	<b>Supervisor's name</b>	<b>Date started</b>	<b>Date ended</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# ANNEX 1: ACKNOWLEDGEMENT AND AUTHORIZATION

Job applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Please check and sign each statement below:

I certify that answers given herein are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: \_\_\_\_\_

"I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment 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 an authorized executive of this organization.

"In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time thereafter. I understand, also, that I am required to abide by all rules and regulations of the employer."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
END OF JOB APPLICATION FORM  
\_\_\_\_\_

# ANNEX 2: CONSENT FOR BACKGROUND CHECKING

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*In compliance with the FCRA (Fair Credit Reporting Act) and the DPPA (Federal Driver's Privacy Protection Act)*

*(To be signed by applicant upon the filling of application form)*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

MAIDEN OR OTHER LAST NAME USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CIRCLE ONE: *Male/Female* SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

**This authorization and consent for release of personal information acknowledges that**

**MIDLAND PHYSICAL THERAPY** and/or its agent [background screening firm] may at any time I am applying for a job with, being assigned to, volunteer with or being employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq.

**(If applicable)** I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to **MIDLAND PHYSICAL THERAPY** and/or its agent [background screening firm], the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted its agent [Background screening firm]. After reading this document, I fully understand its contents and authorize the background verification.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# CONSENT FOR BACKGROUND CHECKING – Continued

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**The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:**

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)      **YES** \_\_\_      **NO** \_\_\_

If YES, please provide an explanation below:

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2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?      **YES** \_\_\_      **NO** \_\_\_

If YES, Please provide an explanation below:

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3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? **YES** \_\_\_      **NO** \_\_\_

If YES, Please provide an explanation below:

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5. As of the date of this authorization, do you have any pending criminal charges against you? **YES** \_\_\_      **NO** \_\_\_

If YES, Please provide an explanation below:

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THIS SECTION BELOW IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE (IF YOU ARE A RESIDENT FROM CALIFORNIA, LIMIT TO LAST 7 YEARS).

<u>CITY/TOWN</u>	<u>COUNTY</u>	<u>STATE</u>	<u>DATE IN</u>	<u>DATE OUT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, IT MAY GROUND FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_



## ANNEX 3: CONSENT FOR REFERENCE CHECKING

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It is part of our company hiring policy to systematically investigate for the relevance and accuracy of information provided by applicants, regarding previous employment. We might contact your previous employer(s) and request the following information. This is done with the purpose of verifying the full accuracy of information you provided in the job application form.

**The specific questions asked to a former employer will be:**

- What was the exact scope of work produced by [applicant]?
- How long was [applicant] on that job?
- How would you rate the performance of [applicant], from 1 (lowest) to 10 (highest)?
- What were specific qualities and talent demonstrated on the job by [applicant]?
- What specific weaknesses did [applicant] demonstrate on the job that we should be aware of?
- Why did [applicant] choose to leave your company?
- Did you ever offer [applicant] a promotion prior to his/her departure?
- We are contemplating to offer [applicant] a job, as \_\_\_\_\_ (job name). Would you recommend [applicant] for such a job?
- Our job opening requires a strong team work and willingness to contribute to others. Did [applicant] demonstrate any attitude that could be detrimental to team work?
- Is there anything else we should know in order to make the most appropriate hiring decision?

**“I understand that the information requested as above will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of information (either orally or in writing) by previous employers to the authorized representatives of the company. In addition, I release and discharge the company, its agent and associates as well as my previous employers to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

\_\_\_\_\_ **END OF CONSENT FOR BACKGROUND & REFERENCE CHECKING** \_\_\_\_\_

# ANNEX 4: APPLICANT CONSENT FOR TESTING

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In addition to the technical knowledge, experience and competence required of the concerned position, our company's employees must also possess personal aptitude for solving problems, high intelligence, perseverance and orderliness, responsibility, drive toward and satisfaction at the attainment of goals, calmness and endurance under stressful work conditions, consistency and predictability in the regular attendance of duty, individual initiative as well as participation in group efforts, correct estimation of specific circumstances and an absence of unconstructive or ill-considered criticism, fairness, empathy and appreciation toward fellow workers and effective communications skills.

In keeping with these job requirements, our company utilizes (besides application forms and interview procedures) pre-employment non-medical testing regimens that assist us to determine whether applicants possess the skills, competency and above all personal attributes necessary to meet our company's performance standards.

Applicants for any position undergo such standard screening procedures.

The selected tests are not intended or qualified to be a sole criterion for hiring. The testee may decline to answer any question on these tests on personal privacy grounds and may decline taking the tests altogether. After reading the questions of a test, the testee may also decline to continue taking the test. A person will not be penalized for not answering a question or not taking the tests.

**“Having read and understood the related job description for the concerned opened position, I acknowledge and agree that in order to enable MIDLAND PHYSICAL THERAPY to determine whether I possess the skills and other personal qualities necessary to qualify for the position I am applying for, MIDLAND PHYSICAL THERAPY may engage in a testing process, in addition to company’s interview process.**

**“The tests may include but are not limited to those that measure intelligence, aptitude and personality traits required to meet the requirements of the position, including but not limited to meeting the Company's standards for performance, interpersonal relations, and competence on the job.**

**“Accordingly, I hereby release MIDLAND PHYSICAL THERAPY, the test service provider(s) and their officers, stock holders, employees or representatives, from any and all claims, demands, suits and/or liabilities - including but not limited to claims based on any rights of privacy - arising from or in any way related to such testing and interview processes.**

**“I understand that the used test(s) will be entered in to and scored by a computer, but the information will only be used by MIDLAND PHYSICAL THERAPY in connection with decisions concerning the employment, placement and future training only to be used by MIDLAND PHYSICAL THERAPY and any associated company/companies.”**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_,

Applicant’s name: \_\_\_\_\_

Applicant’s signature: \_\_\_\_\_

\_\_\_\_\_  
END OF CONSENT FOR TESTING \_\_\_\_\_