

HPT

Physical Therapy
Specialists

304-525-4445 * 2240 5th Avenue * Huntington, WV 25703

EMPLOYMENT APPLICATION

INSTRUCTIONS

- If you need any assistance or accommodations, please inform our office.
- Fully complete this page, page 2, page 3, and the top portion **only** of page 4.
- Please read and initial the Acknowledgements listed on page 5.
- Please read and complete the Affirmative Action Information on page 6. This information is **voluntary** and refusal to provide it will not subject you to any adverse treatment.
- Please type or print in black ink.
- Signature required on pages 4, 5 and 6.

PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE)		SSN
PRESENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)		PHONE NO.
PREVIOUS ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)		PHONE NO.
HAVE YOU EVER APPLIED FOR WORK OR BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY LOCATION AND APPROXIMATE DATE:	PRESENT WORK PHONE NO.
FOR REFERENCE PURPOSES: If you have ever been known by or used another name (e.g. married or maiden name, etc.), specify name and date.	NAME(S) AND DATE(S):	
ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT AUTHORIZATION DO YOU HAVE TO WORK IN THE U.S.?	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE WHICH HAS NOT BEEN ANNULLED OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.		
NUMBER OF DAYS ABSENT FROM WORK:		
LAST YEAR _____ THIS YEAR _____		
HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY FILED A CLAIM, LAWSUIT OR OTHER LEGAL PROCEEDING AGAINST THIS COMPANY? IF YES, PLEASE DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT INTEREST

TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Co-op		WHAT POSITION OR AREA OF INTEREST ARE YOU SEEKING?
MINIMUM SALARY REQUIREMENT \$	DATE AVAILABLE FOR WORK	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	GEOGRAPHIC PREFERENCE	WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NO RESTRICTIONS

MILITARY EXPERIENCE

TYPE OF MILITARY SERVICE	HIGHEST RANK ATTAINED	DATE OF DISCHARGE
MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES		

EDUCATION RECORD

DEGREE IN PROGRESS			DATE EXPECTED TO GRADUATE	
NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	GRADUATION DATE MO/YR	GRADE POINT AVERAGE	MAJOR SUBJECT/DEGREE
HIGH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		/4.0	
VOCATIONAL OR TECH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		/4.0	
COLLEGE OR UNIVERSITY	<input type="checkbox"/> YES <input type="checkbox"/> NO		/4.0	
COLLEGE OR UNIVERSITY	<input type="checkbox"/> YES <input type="checkbox"/> NO		/4.0	
GRADUATE SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		/4.0	
SCHOLASTIC HONORS (FELLOWSHIPS, SCHOLARSHIPS, SPECIAL AWARDS, ETC.)				
TITLE OF THESIS AND SPECIAL RESEARCH PROJECTS				
SHORTHAND? <input type="checkbox"/> YES _____ wpm <input type="checkbox"/> NO TYPING? <input type="checkbox"/> YES _____ wpm <input type="checkbox"/> NO				
LIST MACHINES/EQUIPMENT YOU ARE QUALIFIED TO OPERATE AND ANY OTHER SKILLS YOU POSSESS.				
ACTIVITIES				
List any school, professional, trade, business or civic organizations in which you have participated and any offices held. You may omit those that indicate age, sex, race, religion, national origin, physical or mental disability, or status as a disabled veteran or Vietnam era veteran.				
List any special accomplishments, publications or awards. You may omit those that indicate age, sex, race, religion, national origin, physical or mental disability, or status as a disabled veteran or Vietnam era veteran.				

EMPLOYMENT EXPERIENCE

Please list all employment starting with most recent position. Use an extra sheet of paper if needed.

FROM MO/YR	COMPANY NAME	SUPERVISOR'S NAME	SUPERVISOR'S TITLE
TO MO/YR	COMPANY ADDRESS	PHONE NO.	

LIST JOB TITLE AND EXPLAIN DUTIES

STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING
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HOME ADDRESS WHILE EMPLOYED

FROM MO/YR	COMPANY NAME	SUPERVISOR'S NAME	SUPERVISOR'S TITLE
TO MO/YR	COMPANY ADDRESS	PHONE NO.	

LIST JOB TITLE AND EXPLAIN DUTIES

STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING
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TO MO/YR	COMPANY ADDRESS	PHONE NO.	

LIST JOB TITLE AND EXPLAIN DUTIES

STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING
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HOME ADDRESS WHILE EMPLOYED

MAY WE CALL YOUR PRESENT EMPLOYER NOW? YES NO IF NO, WHEN MAY WE CALL?

Do you have an agreement with any current or former employers that in any way restrict future employment activities? If YES, please include a copy of the agreement. YES NO

PLEASE LIST BUSINESS REFERENCES

NAME	ADDRESS	PHONE

AUTHORIZATION

For the release of personal data and record information. Applicant should complete top part ONLY.

NAME _____		SOCIAL SECURITY NO. _____			
ADDRESS _____					
As a condition of my employment with HPT, I understand that I must undergo a thorough background investigation and physical examination, including a drug screen. I hereby authorize and request that any of the information listed below be provided to HPT. A photocopy of this authorization may be treated with the same authority as the original.					
Signature _____ Date _____				COMPANY REPRESENTATIVE'S SIGNATURE _____	
Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE _____	DRIVER'S LICENSE NO. _____	EXPIRATION DATE _____	MONTH OF BIRTH _____	DAY OF BIRTH _____
If YES, provide the following information.					
Have you been involved in any motor vehicle accidents while driving in the last three years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.					
List all prior convictions for driving while intoxicated, reckless driving or possession of non-prescription drugs.					
List all violations of motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral in the last three years (excluding parking violations).					
Have you ever had a license, permit or privilege to operate a motor vehicle suspended, revoked or denied? If YES, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO					

FOR OFFICE USE ONLY

TO WHOM IT MAY CONCERN: We are actively considering the above applicant for employment and would appreciate you forwarding the information checked below by return mail. For your convenience, a postage-paid envelope is enclosed.

<input type="checkbox"/> EMPLOYER: Company Name _____ Dates Employed _____ Job Title _____ Last Salary _____ Reason for Leaving _____ Would you rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO Employer's signature _____
<input type="checkbox"/> SCHOOL (private or public funded): Name of School _____ Dates Attended _____ Degree Conferred _____ Date _____ Registrar's signature _____
<input type="checkbox"/> CRIMINAL/CIVIL COURT RECORDS: Dates: From _____ to _____ Has this applicant had any convictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Court Clerk's signature _____
<input type="checkbox"/> MOTOR VEHICLE REPORT: Please provide a copy of driving record.
<input type="checkbox"/> FEDERAL, STATE, MUNICIPAL LICENSING BOARD: License (type) _____ Active? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MEDICAL EXAMINATION: Please provide pre-placement physical examination including a drug screen. Attached is our physical examination form to be completed and returned to the Company (HPT).

ACKNOWLEDGMENTS

Please read and initial each of the following:

	I certify that all statements I have made in this application are true and agree that any misrepresentation or omission of facts requested may be sufficient cause for cancellation of my application or immediate dismissal from the Company if I have been employed. In the event I am employed, I agree to conform to the rules and policies of the Company. I understand that these rules and policies may be changed, interpreted, withdrawn or added to at the Company's option at any time without notice.
	I understand that employment is contingent upon meeting the physical requirements of the job and passing to the Company's satisfaction a placement physical examination, which will include a drug screen
	I acknowledge the Company's notification to me that a background investigation or an investigative consumer report on me may be made. I understand and agree that successful completion to the Company's satisfaction of such investigation(s) is required for employment or continued employment. I hereby authorize the Company to conduct or have conducted the investigation(s) described above and to prepare or cause to be prepared a report based on such information. I further understand that, upon my written request, a complete disclosure of the nature and scope of the investigation(s) conducted will be provided to me.
	I understand that my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I acknowledge that I do not have a contract of employment with the Company and that, in the future, I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and by a higher level officer of the Company.
	I agree that the Company's liability to me for wages is limited to the amount earned by me as of the date of such termination. I also authorize the Company to deduct at any time any monies owed by me to the Company whenever law does not prohibit such deduction.
	I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity generally within three days of being hired. I further understand that the failure to submit such proof within the required time will result in my immediate dismissal from the Company if I have been employed.
	I understand that my disclosure of prior convictions for criminal offenses will not necessarily prevent my employment with the Company; however, the omission of this requested information will be sufficient cause for cancellation of my application or my immediate dismissal from the Company.
	I have read and agree to the above acknowledgements.

Signature _____

Date _____

Voluntary Affirmative Action Information

****COMPLETION OF THIS PAGE IS VOLUNTARY****

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated. We comply with government regulations, including Affirmative Action obligations.

Please be advised that this information is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Date _____

Applicant's Name _____ Phone _____

Address _____

Position(s) Applied For _____

REFERRAL SOURCE: Advertisement Employee Relative Walk-In School Government Employment Agency

Private Employment Agency Other _____

Name of Source (if Applicable) _____

Check One: Male Female

Check One of the Following: Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

DISCLOSURES

This employer is a government contractor subject to Section 503 of the Rehabilitation Act, as amended, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act. If you are a disabled individual, a disabled veteran, or a veteran of the Vietnam era, please tell us. This information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. This information shall be kept confidential, and shall be used only in accordance with the Acts and Regulations.

ARE YOU DISABLED? IF YES, NATURE OF DISABILITY. YES NO

ARE YOU A VIETNAM ERA VETERAN? IF YES, MONTH AND YEAR ACTIVE SERVICE COMPLETED. YES NO

ARE YOU A DISABLED VETERAN? IF YES, NATURE OF DISABILITY, AND PERCENT VA RATING ASSIGNED TO DISABILITY.
 YES NO

If you are disabled, it would also be helpful if you would provide advice regarding proper placement and appropriated accommodations, if any.

SIGNATURE REQUIRED _____

DATE _____