

EMPLOYMENT APPLICATION

Instructions: Print in ink or type all answers. Please read carefully and fill in items as completely and accurately as possible, with all requested information.

Name (Last, First, Middle)		() Home Phone	() Message Phone
Street Address	City	State	Zip Code
For checking prior employment records, provide other last names under which you have worked.			

Position Desired	Date Available
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Qualifications: Please list any education, training, and/or specialized experience which you believe would help you perform the job(s) for which you are applying, such as schools; colleges; degrees; vocational, technical or military experience or training.

Name and Address of School or Qualifying Agency or Program	Did you Graduate?	Identify your Major or Minor; Describe Specialized Training or Experience
	() Yes () No Degree:	
	() Yes () No Degree:	
	() Yes () No Degree:	

List current Professional Licenses, Registration or Certifications

Licensing Agency Name and Location	Type of License and Number	Date Licensed	Endorsement/Restriction (if applicable)

Have you ever had a Professional License, Registration or Certification disciplinary action, or has your license ever been revoked, suspended, restricted, or modified in any state? () Yes () No
If yes, please explain:

Skills: Please check the boxes corresponding to your skills: Indicate skill level where appropriate. Name the equipment and/or software applications you have used on the computer.

Typing WPM _____ 10 Key by Touch/Sight (circle) Multi-line Phone
 Computer (List software used:)

Other professional qualifications not listed above:

Work History: Begin with your present or most current work and list your work and/or volunteer experience, with emphasis on experience that is relevant to the position for which you are applying. Attach additional sheet if necessary. This information can be provided on a resume, but should include all items listed below for each position.

Employer's Name and Complete Address		Supervisor
		Phone ()

Position Held	_____ to _____ Employment Dates	Reason for Leaving
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Description of Duties:

Employer's Name and Complete Address		Supervisor
		Phone ()

Position Held	_____ to _____ Employment Dates	Reason for Leaving
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Description of Duties:

Employer's Name and Complete Address		Supervisor
		Phone ()

Position Held	_____ to _____ Employment Dates	Reason for Leaving
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Description of Duties:

Employer's Name and Complete Address			Supervisor
			Phone ()
Position Held	_____ to _____ Employment Dates	Reason for Leaving	
Description of Duties:			

Accomplishments and additional information: Please list those things that you consider major accomplishments or contributions in your various positions. You may also use this space to provide additional information regarding your application to _____.

Have you ever been involuntarily terminated from employment other than a layoff? () Yes () No
If so, please explain circumstances:

Do you have a valid driver's license, and a clean driving record? () Yes () No State: _____

Have you ever been convicted of a crime other than a traffic violation? () Yes () No
If so, please explain circumstances:

(Conviction of a crime does not automatically disqualify an applicant from employment.)

Can you perform the job duties and responsibilities of the position you are applying for with or without reasonable accommodation? () Yes () No

Professional References: Other than family members or former employers

Name	Address	Phone Number	Years Known

Applicant's Statement

My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge, and contains no willful falsifications or misrepresentations. I understand that any false or misleading information or any material omission may result in the denial of a job offer or, if I am hired, my termination from employment. I understand that if hired, my employment shall not be construed as contractual between Sweetgrass Physical Therapy & Wellness LLC and me for any fixed or perpetual term. I authorize Sweetgrass Physical Therapy & Wellness LLC to contact my present and past employers, schools, references, and other sources deemed appropriate to consider my application. I hereby release them and Sweetgrass Physical Therapy & Wellness LLC from any and all liability for issuing, receiving, and using any such information. All facts stated in this application are open to investigation.

Signature _____

Date _____

Equal Opportunity in Employment

Sweetgrass Physical Therapy & Wellness LLC shall provide equal opportunity employment to all employees and applicants for employment. No person shall be discriminated against because of race, color, religion, creed, sex, national origin, sexual orientation, disability, marital status or political beliefs, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

For Sweetgrass Physical Therapy & Wellness LLC Use OnlyApplication Received: _____
DateReviewed By: _____ Date _____
Human Resource Manager or Executive Director

Meets Job Qualifications () Yes () No

Reasons () Education () Experience () License/Certification () Other

Comments: _____

Request to Hire By _____ Date _____

Hire Date _____ Position _____

Wage _____ Total Hours Scheduled Per Week _____

License Verification

Type _____ Document Number _____ Expiration Date _____