



EMPLOYMENT APPLICATION

It is the policy of this company not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, national origin, gender, age or veteran's status.

Parry Physical Therapy Group
723 Route 113, #6
Souderton, PA 18964
(215) 538-1999

PERSONAL

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street)

(City) (State) (Zip)

Phone _____

In case of emergency, contact: _____
(Name) (Phone number)

Social Security Number _____

Are you eligible for legal employment in the United States? () Yes () No

If you are under 18 years of age, can you provide required proof of eligibility to work? () Yes () No

Have you ever been convicted of a felony? () Yes () No

If so, please clarify all convictions and date(s) on another sheet.

Have you ever been relieved of your position or terminated from prior employment? () Yes () No

If necessary for the position for which you are applying, what office equipment have you operated?

Would you work: () Full-time () Part-time () Temporary

Specify days and hours if part-time.

Position desired _____

Referral source: () Advertisement _____ () Friend _____

() Relative _____ () Employee _____

() Employment agency _____

() Walk-in () Other

RECORD OF EDUCATION

School	Name and Location of School	Type of Course & Degree	Check Last Year Completed					
			1	2	3	4	Y	N
Elementary			1	2	3	4	Y	N
High School			1	2	3	4	Y	N
College			1	2	3	4	Y	N
Other (specify)			1	2	3	4	Y	N

Job-related extra-curricular activities:

PERSONAL REFERENCES(not former employers or relatives)

Name and Occupation	Address	Phone Number

List below all present and past employment, beginning with your most recent.

Name, address & phone number of company and type of business	From: To:	Name of supervisor & Title
	Starting salary:	
Reason for leaving:	Ending salary:	Describe in detail the work you did:

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	Starting salary:	
Reason for leaving:	Ending salary:	Describe in detail the work you did:

I certify that this information is true and correctly recorded. I understand that any false statement or omission of fact shall be cause for not being employed, or for dismissal if employed. I authorize this company to obtain personal and ability references from personal, educational and previous employment sources and hereby release former employers named herein from all liability for issuing such information.

(Signature of applicant)

(Date)

APPLICANT – DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

Interviewer	Date	Comments

I,

(Name)

(Title)

do hereby certify that in the matter of the above names applicant, equal opportunity in employment was afforded and the applicant was not discriminated against because of the applicant's race, color, creed, religion, national origin, age, gender, disability or veteran's status.

(Date)

(Signature)