



EMPLOYMENT APPLICATION

**HEART OF TEXAS PHYSICAL THERAPY, PLLC
2018**

**APPLICATION FOR EMPLOYMENT
(PLEASE COMPLETE AND RETURN THIS FORM)**

PRINT OR TYPE APPLICATION:	TODAY'S DATE: _____
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First Name: _____	Mi: _____	Last Name: _____
Street Address: _____		
Apt. Number: _____	City: _____	State: _____ Zip: _____
Preferred Phone: _____	Email: _____	

PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION:			
Which Are You Interested In?	Full Time: _____	Part Time: _____	Temporary: _____ Contract: _____
What Schedule Would You Prefer?	Weekdays: _____	Weekends: _____	Mornings: _____ Evenings: _____
How Did You Hear About The Position? _____			
Desired Pay?	Hourly: \$ _____	Annual (Minimum): \$ _____	Annual (Desired): \$ _____
When Are You Able To Start Work?	Date: _____		
In What Local Area Do You Prefer To Work? _____			
Position Desired? _____			

CHECK YES OR NO TO THE FOLLOWING:	
Are You Authorized To Work In The United States?	Yes: _____ No: _____
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Heart of Texas Physical Therapy will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are You Under 18 Years Of Age?	Yes: _____ No: _____
If Yes, Can You Furnish A Work Permit?	Yes: _____ No: _____

CHECK YES OR NO TO THE FOLLOWING:

Heart of Texas Physical Therapy is an Equal Opportunity Employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Heart of Texas Physical Therapy complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Heart of Texas Physical Therapy also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Are You Capable Of Performing The Essential Functions Of The Job For Which You Are Applying With Or Without A Reasonable Accommodation? Yes: _____ No: _____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST):

Start Date: _____ **End Date:** _____

Company Name: _____ Phone: _____

Type Of Business: _____

Street Address: _____

Suite Number: _____ City: _____ State: _____ Zip: _____

Supervisor Name/Title: _____ Phone: _____

Termination (Check One): Voluntary: _____ Involuntary: _____

Reason For Termination: _____

Briefly Describe Your Position, Title, And Major Duties: _____

Start Date: _____ **End Date:** _____

Company Name: _____ Phone: _____

Type Of Business: _____

Street Address: _____

Suite Number: _____ City: _____ State: _____ Zip: _____

Supervisor Name/Title: _____ Phone: _____

Termination (Check One): Voluntary: _____ Involuntary: _____

Reason For Termination: _____

Briefly Describe Your Position, Title, And Major Duties: _____

Start Date: _____ **End Date:** _____

Company Name: _____ Phone: _____

Type Of Business: _____

Street Address: _____

Suite Number: _____ City: _____ State: _____ Zip: _____

Supervisor Name/Title: _____ Phone: _____

Termination (Check One): _____ Voluntary: _____ Involuntary: _____

Reason For Termination: _____

Briefly Describe Your Position, Title, And Major Duties: _____

Start Date: _____ **End Date:** _____

Company Name: _____ Phone: _____

Type Of Business: _____

Street Address: _____

Suite Number: _____ City: _____ State: _____ Zip: _____

Supervisor Name/Title: _____ Phone: _____

Termination (Check One): _____ Voluntary: _____ Involuntary: _____

Reason For Termination: _____

Briefly Describe Your Position, Title, And Major Duties: _____

EDUCATION:

High School: _____ Did You Graduate? _____

Major Subject: _____ Degree/Diploma: _____

College: _____ Did You Graduate? _____

Major Subject: _____ Degree/Diploma: _____

Graduate School: _____ Did You Graduate? _____

Major Subject: _____ Degree/Diploma: _____

Other: _____ Did You Graduate? _____
Major Subject: _____ Degree/Diploma: _____

PROFESSIONAL LICENSES:

License Type: _____ State: _____ Number: _____
License Type: _____ State: _____ Number: _____
License Type: _____ State: _____ Number: _____
License Type: _____ State: _____ Number: _____

PROFESSIONAL CERTIFICATIONS:

Type: _____ Date Completed: _____
Granting Organization: _____
Type: _____ Date Completed: _____
Granting Organization: _____
Type: _____ Date Completed: _____
Granting Organization: _____
Type: _____ Date Completed: _____
Granting Organization: _____

PROFESSIONAL REFERENCES (LIST THREE):

Reference Name: _____ Phone: _____
Professional Relationship: _____
Reference Name: _____ Phone: _____
Professional Relationship: _____
Reference Name: _____ Phone: _____
Professional Relationship: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

I have submitted the attached form to the Company for the purpose of obtaining employment. I acknowledge that the completion of this form does not indicate that any positions are open, nor does it obligate the Company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment, or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the Company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities listed by me in this form. Furthermore, I authorize the Company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the Company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the Company and each client to whom I may be assigned which will require the client to pay a fee to the Company in the event that I accept direct employment with the client, I agree to notify the Company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

Applicant Name (Printed): _____

Applicant Signature: _____ **Date:** _____