

CHAMPION PT AND PERFORMANCE

Internship Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
How did you hear about the internship?			
Please check which session and year you are applying for: Winter/Spring: <input type="checkbox"/> Summer: <input type="checkbox"/> Fall: <input type="checkbox"/> Year:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever had your professional license disciplined?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

Conviction of a crime will not necessarily be a bar to internship. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for internship.

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Dates of education are used for the purpose of facilitating reference-checking only.

CERTIFICATIONS, INTERNSHIPS, AND CONTINUING EDUCATION	
Please list additional professional certifications (ATC, CPT, CSCS, etc):	

Please list certifications achieved through continuing education (FMS lv1,2, SFMA, RKC, Strong First, etc):	
Please list any internships with dates:	
Please list your recent continuing education attended:	

REFERENCES	
<i>Please list at least three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	

DISCLAIMER AND SIGNATURE	
<p>"I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for internship, whether on this document or not, may be cause for failure to consider or for immediate discharge should I become an intern at Champion PT and Performance, Inc."</p>	
Signature	Date

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my internship application to disclose in good faith any information they may have regarding my qualifications and fitness for internship. I will hold Champion Physical Therapy and Performance, Inc, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the internship process.

Signed: _____

Printed Name: _____

Date: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Champion PT & Performance Inc is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the Champion PT & Performance Inc may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee