

CHAMPION PT AND PERFORMANCE

Employment 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 job?			
Position Applied For:	Available Start Date:	Desired Salary	
Please check all shifts that you will be available to work: Mornings <input type="checkbox"/> Afternoons: <input type="checkbox"/> Evenings: <input type="checkbox"/> Weekends: <input type="checkbox"/>			
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 employment. 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 employment.

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		
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		
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		
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 employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by 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 employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. 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 employment process.

Signed: _____

Printed Name: _____

Date: _____