



"Your Movement Rehabilitation Specialists"

MCMEEN PHYSICAL THERAPY CLINIC

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT:

Position(s) Applied For: _____ Date of Application: ____ / ____ / ____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)		Social Security Number	

How did you learn about McMeen Physical Therapy, P.C.?

Advertisement Employment Agency Friend/Relative Walk-In Other: _____

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

Have you ever filed an application with McMeen Physical Therapy, P.C. before? Yes No

If Yes, give date: ____ / ____ / ____

Have you ever been employ with McMeen Physical Therapy, P.C. before? Yes No

If Yes, give date: ____ / ____ / ____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of
 Visa or Immigrant Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available to begin work? Date: ____ / ____ / ____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain: _____

EDUCATION:

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	DATES EMPLOYED		WORKED PERFORMED
Address	From	To	
Phone			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	DATES EMPLOYED		WORKED PERFORMED
Address	From	To	
Phone			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	DATES EMPLOYED		WORKED PERFORMED
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Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	DATES EMPLOYED		WORKED PERFORMED
Address	From	To	
Phone			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			

COMMENTS: Include explanation of any gaps in employment.

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: Check Skills / Equipment Operated

TECHNICAL SKILLS:		PRODUCTION/MOBILE MACHINERY:	OTHER:
<input type="checkbox"/> Computer	<input type="checkbox"/> Microsoft Office Programs		
<input type="checkbox"/> Fax	<input type="checkbox"/> Email		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Programming		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Database Systems		

ADDITIONAL INFORMATION:

State any additional information that may be helpful to McMeen Physical Therapy, P.C. in considering your application.

A description of the activities involved in such a job or occupation is attached.

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes No

REFERENCES:

	NAME	ADDRESS	PHONE NUMBER
1			()
2			()
3			()

AGREEMENT:

I certify that answers given herein are true and complete to best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of McMeen Physical Therapy, P.C.

Signature of Applicant

Date

PLEASE SUBMIT COMPLETED APPLICATION TO:

McMeen Physical Therapy, P.C.
Attn: Jeff McMeen
P.O. Box 435
Broken Bow, NE 68822

FOR PERSONNEL DEPARTMENT USE ONLY:

ARRANGE INTERVIEW: <input type="checkbox"/> Yes <input type="checkbox"/> No	INTERVIEW DATE:
Remarks:	

Interviewer Name

Date

EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No		EMPLOYMENT DATE:
JOB TITLE	DEPARTMENT	HOURLY RATE/SALARY

Name Authorized By

Date