

GLINN AND GIORDANO PHYSICAL THERAPY, INC.

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. As an Equal Opportunity Employer, qualified applicants are considered for positions without regard to race, color, religious creed (all aspects of religious belief, observances and practices including religious dress and grooming practices), sex (pregnancy, breastfeeding, childbirth, and related medical conditions), national origin, ancestry, sexual orientation, age (over 40), marital status (including registered domestic partner status), gender identity, medical condition (including cancer and genetic characteristics), mental disability, physical disability, except where physical fitness is a valid occupational qualification, genetic information, gender, reproductive health decision making, gender expression, domestic violence victim status, military and veteran status or other status protected by State or Federal law.

PERSONAL INFORMATION			APPLICATION DATE:
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT STREET ADDRESS	CITY, STATE	ZIP	REFERRED BY:
PERMANENT STREET ADDRESS (if different than present address)	CITY, STATE	ZIP	REFERRED BY:
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	UPON OFFER OF EMPLOYMENT, VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED.		HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ENTER THE FOLLOWING DRIVER INFORMATION BELOW IF DRIVING IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR			
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	DRIVING RECORD
IF HIRED, DO YOU HAVE A RELIABLE SOURCE OF TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW DID YOU HEAR ABOUT OUR COMPANY AND THIS JOB OPENING?			
WHY ARE YOU APPLYING FOR WORK AT OUR COMPANY?			

EMPLOYMENT DESIRED		DATE AVAILABLE:	SALARY DESIRED:
POSITION DESIRED OR AREA OF INTEREST:	HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR:	
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT:		
NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION (We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.)			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:			
<small>(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility tests.)</small>			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU APPLYING FOR:	REGULAR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGULAR PART-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	TEMPORARY WORK (SUMMER OR HOLIDAY)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLYING FOR TEMPORARY WORK, DURING WHAT TIME WILL YOU BE AVAILABLE? FROM: TO:			
OTHER THAN TIME OFF FOR REASONS RELATED TO YOUR RELIGION, A DISABILITY OR A MEDICAL CONDITION, ARE THERE ANY DAYS OR TIMES WHEN YOU ARE UNAVAILABLE TO WORK?			

EDUCATION/U.S. MILITARY SERVICE	PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU:		
	SPEAK:	READ:	WRITE:
NAME AND LOCATION OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL:			
COLLEGE:			
COLLEGE:			
OTHER (I.E., VOCATIONAL BUSINESS OR HEALTHCARE TRAINING):			

PROFESSIONAL CERTIFICATES OR LICENSES HELD:	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE:
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MILITARY DUTIES AND TRAINING:

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR THIS POSITION? YES NO	IF YES, PLEASE EXPLAIN:
--	-------------------------

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE:

REFERENCES		PLEASE LIST THREE NON-RELATIVES WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES		
NAME AND ADDRESS		TELEPHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

EMPLOYMENT HISTORY		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK			
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
MAY WE CONTACT THESE EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:			

ACKNOWLEDGEMENT
<p>1. I understand that if I am given a conditional offer for employment by this company, I will be required to submit to a pre-employment background screening, which would authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Enter Background Check Provider Name, and release all parties involved from any liability and responsibility for doing so. Additional authorization may include the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation such authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.</p> <p>2. I understand that if I am being considered for employment by this company, I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by this company) and to authorize the release of the physical examination and test results to this company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.</p> <p>3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, or an omission or misstatement of material fact any job extended to me may be withdrawn and, if employed, I may be subject to termination. I further certify that I, the undersigned applicant, have personally completed this application.</p> <p>4. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with this company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.</p> <p>5. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.</p> <p>6. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).</p>

7. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
8. The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.
9. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature _____

Date _____