



Physical Therapy • Personal Training • Sports Performance Training • Ergonomics

149 Raymond Hirsch Pkwy • Suite 1 • PO Box 9 • White House, TN 37188

Phone: (615) 672-2977 • Fax: (615) 672-2979

APPLICATION FOR EMPLOYMENT

Date ____ / ____ / ____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to race, age, color, religion, sex, national origin, citizenship, physical or mental disability, veteran status or any other basis recognized by federal, state, or local law.

PERSONAL BACKGROUND

Name _____ Social Security# _____
Last First Middle

Present Address _____
Street City State Zip

Phone # (____) _____ Cell Phone (____) _____ Referred By _____

EDUCATIONAL BACKGROUND

Please list below all of your educational background.

	Name and Location of School	Highest Grade Completed	Major Area of Study
High School			
College			
Trade, Business or Graduate School			

WORK EXPERIENCE

(Please list below your last four employers, starting with you present or last place of employment.) You may include any verifiable work preferred on a volunteer basis, internship or military service.

Date Mo./Yr.	Name, Address & Phone# of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					

Is there any reason why we not inquire of your present employer or prior employers? If yes, please explain:

Please list your specialized technical skills (e.g. computer skills, equipment operation, special tools or machines).

Position Applying For _____ Date you can start ____/____/____

Full Time ____ Part Time ____ Specify Hours _____ Salary Desired _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? Yes ____ No ____

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Y N

If you are a minor, can you produce the work certificate necessary to obtain employment? Y N

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Y N
(Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire).

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions, which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s). _____

REFERENCES

Please give the names of three additional work related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer related references.

Name & Position	Company	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Applicant Certification – Please read carefully

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, and regulations and practices at any time, to the extent permitted by federal, state, and local law, except that it will not modify its policy of employment at will. By my continued employment with the company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law and I agree to complete any requisite authorization forms. I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature _____ Date ____ / ____ / ____