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**SCHAAL 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 Schaal Physical Therapy, LLC?

* 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 Schaal Physical Therapy, LLC. before? Yes No

If Yes, give date:

/ /

Have you ever been employed with Schaal Physical Therapy, LLC. 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?(Conviction will not necessarily disqualify an applicant from employment.) | * Yes
 | * No
 |
| 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 |  |  | May we contact: Yes | * No
 |
| Employer | **DATES EMPLOYED** | **WORKED PERFORMED** |
| Address | From | To |  |
| Phone |  |  |
| Starting/Present Job Title | **HOURLY RATE/SALARY** |
| Supervisor | Starting | Final |
| Reason for Leaving |  |  | May we contact: Yes | * No
 |
| Employer | **DATES EMPLOYED** | **WORKED PERFORMED** |
| Address | From | To |  |
| Phone |  |  |
| Starting/Present Job Title | **HOURLY RATE/SALARY** |
| Supervisor | Starting | Final |
| Reason for Leaving |  |  | May we contact: Yes | * No
 |
| Employer | **DATES EMPLOYED** | **WORKED PERFORMED** |
| Address | From | To |  |
| Phone |  |  |
| Starting/Present Job Title | **HOURLY RATE/SALARY** |
| Supervisor | Starting | Final |
| Reason for Leaving |  |  | May we contact: Yes | * No
 |

# 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:** |
| * Computer Microsoft Ofﬁce Programs
* Fax Email
* Calculator Programming
* Typewriter Database Systems
 |  |  |
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|  |  |

# ADDITIONAL INFORMATION:

State any additional information that may be helpful to Schaal Physical Therapy, LLC. 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 Schaal Physical Therapy, LLC.

Signature of Applicant Date

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

Schaal Physical Therapy and Fitness Center, LLC

Attn: Jenny Schaal

9 4 2 R o se A v e

Burlington, CO. 80807

**FOR PERSONNEL DEPARTMENT USE ONLY:**

|  |  |
| --- | --- |
| **ARRANGE INTERVIEW:** Yes No | **INTERVIEW DATE:** |
| Remarks: |
|  |
|  |

Interviewer Name Date

|  |  |
| --- | --- |
| **EMPLOYED:** Yes No | **EMPLOYMENT DATE:** |
| **JOB TITLE** | **DEPARTMENT** | **HOURLY RATE/SALARY** |
|  |  |  |

Name Authorized By Date