

APPLICATION FOR EMPLOYMENT

Sport & Spine Physical Therapy of Winona, Inc
1512 Service Drive
Winona, MN 55987
507-474-6900 phone
507-474-0502 fax
An Equal Opportunity Employer

Please print your responses

PERSONAL INFORMATION:

Date: _____

Name: _____ Social Security No: _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____ Referred by: _____

Home Phone: _____ Cell Phone: _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No
If yes, give details: _____

EMPLOYMENT APPLIED FOR:

Position: _____ Salary Desired: _____

Are you applying for: Full Time Part Time Temporary Holiday

Days and hours you are available to work: _____

Date you are available to start employment: _____

Are you currently employed? Yes No

May we request information from your present employer? Yes No

Name and address of contact: _____

Are you able to work overtime? Yes No Weekends? Yes No

Have you ever worked for this company before? Yes No

If so, when? _____

PERSONAL INFORMATION:

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

GENERAL:

Do you possess any other background, training, skills or knowledge that qualifies you for the position applied for? Yes No

If yes, please specify: _____

U.S. Military Service: _____

If you are applying for a professional position:

Do you have a license or certification for the position desired? Yes No

State of Issuance: _____ Date: _____

Name of license/certificate: _____ Number: _____

Has the license or certificate been revoked at any time? Yes No

If yes, please specify the grounds, date of action and date of reinstatement: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

If not, please state the job functions that cannot be carried out: _____

Have you read the job description for the applied position and understand it? Yes No

EMPLOYMENT HISTORY:

Include the last 4 employers, starting with the most recent:

DATE (Month & Year)	Name, Address, Phone of Employer	Salary	Position	Reason for Leaving
From: To:		Start \$ _____ End \$ _____		
From: To:		Start \$ _____ End \$ _____		
From: To:		Start \$ _____ End \$ _____		
From: To:		Start \$ _____ End \$ _____		

Please explain any gap in the employment history above: _____

REFERENCES:

Please supply three people not related to you who can supply firsthand information of your work skills and performance within the past four years:

Name	Address, Phone, Email	Company	Years Known
1			
2			
3			

Please read carefully before signing.

Sport & Spine Physical Therapy of Winona is an equal opportunity employer. Sport & Spine Physical Therapy of Winona does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Sport & Spine Physical Therapy of Winona to hire me. If I am hired, I understand that either Sport & Spine Physical Therapy of Winona or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Sport & Spine Physical Therapy of Winona has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Sport & Spine Physical Therapy of Winona true and complete information on this application. No requested information has been concealed. I authorize Sport & Spine Physical Therapy of Winona to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____

Signature: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.