



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Engage Physical Therapy - 5300 Lennox Ave, Suite 200 - Bakersfield, CA 93309 661-200-9660

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT INFORMATION

Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Last First M.I. Preferred Name

Address: \_\_\_\_\_
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_
Home Cell

Are you at least 18 years of age? [ ] Yes [ ] No

If no, are you able to present a Work Permit? [ ] Yes [ ] No

Are you a U.S. Citizen? [ ] Yes [ ] No

If no, are you legally authorized to work in the United States? [ ] Yes [ ] No

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

If yes, please explain: \_\_\_\_\_

Have you ever been employed by Engage Physical Therapy or Dr. Luce? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

WORK EXPERIENCE

Are you currently employed? [ ] Yes [ ] No May we contact your current employer? [ ] Yes [ ] No

If no, please explain: \_\_\_\_\_

Do you have any other commitments (another employer, school, etc.), which may prevent your employment with us? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

I hereby declare that the information provided by me, in this Application for Employment (and in any attached documents), is true, correct and complete to the best of my knowledge. I authorize Engage Physical Therapy to investigate my past and current employment, education and activities and verify all data provided by me on this application, on related documents and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted), to provide any information requested about me. I release from all liability, Engage Physical Therapy (or its designee) from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, shall be grounds for non-hire or discharge, regardless of when discovered by Engage Physical Therapy.

I understand that this employment application, or the granting of an interview, does not constitute a contract of employment. If Engage Physical Therapy hires me, I understand that my status will be that of an at-will employee, meaning that I will have no contractual right, express or implied to remain employed by Engage Physical Therapy. I further understand that if I am hired, my employment can be terminated, with or without cause, and with or without notice at any time, at the option of Engage Physical Therapy or me. I also understand that no representative of Engage Physical Therapy has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

At-Will Employment: An employment, having no specific term, may be terminated at will of either party on notice to the other. Employment for a specified term means, an employment period greater than one month.

I understand that if I am offered employment at Engage Physical Therapy, that I will be required to provide evidence of my identity and authorization of employment in the United States.

I understand that Engage Physical Therapy may require a physical examination and/or drug and alcohol screening as a condition of employment.

*My signature below attests to the fact that I have read, understand and agree to be legally bound by the terms contained above.*

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Signature of Applicant

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Date

Please explain any gaps in your employment history:

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Please list the names of your present and previous employers, starting with your current/most recent employment. Be sure to include any military service (if applicable). Be sure to account for all periods of time, including any periods of unemployment.

Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor				
Reason for Leaving				

Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor				
Reason for Leaving				

Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor				
Reason for Leaving				

**EDUCATION**

Please complete the following list as it relates to all schools you have attended, including all pertinent information related to your education.

Type of School	School Name and Location	Course of Study (Subjects, Major, etc.)	Did you Graduate? (Y or N)	Number of Years Attended	Degree/Diploma, Certificate Received
High School					
College					
Graduate School					
Technical School					
Other					

Please include any additional information, such as special training skills or qualifications that you feel would be helpful in consideration of your application.

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**PERSONAL REFERENCES**

Please list three personal references, not related to you.

Name	Address & Telephone	Occupation	Years Acquainted