

KIPNIS PHYSICAL THERAPY AND SPORTS MEDICINE

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Thank you for taking the time to interview with us. Please fill in this application, attach a copy of your resume and email them to Jobs@Kipnispt.com or Fax to 201-941-2578. Thank you.

POSITION APPLYING FOR: _____ DATE _____

NAME _____ SS # _____

ADDRESS _____
& Street Apt. # City State Zip

TELEPHONE # _____ CELLULAR PHONE # _____

DAYS & HOURS AVAILABLE _____ FULL TIME PART TIME

ON WHAT DATE ARE YOU AVAILABLE TO START? _____

WOULD YOU BE AVAILABLE FOR WEEKENDS AND OVERTIME? YES NO

ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR EMPLOYER? YES NO

EDUCATION	NAME & LOCATION	COURSE OF STUDY	DIPLOMA/DEGREE/YEAR
HIGH SCHOOL			
UNIVERSITY / COLLEGE			
OTHER			

PLEASE LIST SKILLS AND YOUR PRODUCTIVITY FROM YOUR LAST PLACE OF EMPLOYMENT: _____

WHAT WOULD BE YOUR PROFESSIONAL CAREER GOALS THAT YOU WOULD LIKE TO ACHIEVE IN THE NEXT ONE TO THREE YEARS? _____

WHAT PERSONAL GOALS WOULD YOU LIKE TO ACHIEVE IN THE NEXT 1 TO 3 YEARS? _____

WHAT FINANCIAL GOALS I WOULD LIKE TO ACHIEVE IN THE NEXT ONE TO THREE YEAR: _____

HOW DID YOU HEAR ABOUT US? _____

BY LAW WE RETAIN THE RIGHT TO DO A THOROUGH BACKGROUND CHECK ON ANY APPLICANT. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION BASED UPON RACE, COLOR, RELIGION, AGE, SEXUAL ORIENTATION, SEX, OR NATIONAL ORIGIN.

EMPLOYMENT HISTORY
(MOST RECENT EMPLOYMENT FIRST)

COMPANY NAME _____

COMPANY'S ADDRESS _____

PHONE # & SUPERVISOR'S NAME _____

DATES WORKED _____ FULL TIME PART TIME (circle one)

WORK PERFORMED _____

REASON FOR LEAVING _____

COMPANY NAME _____

COMPANY'S ADDRESS _____

PHONE # & SUPERVISOR'S NAME _____

DATES WORKED _____ FULL TIME PART TIME (circle one)

WORK PERFORMED _____

REASON FOR LEAVING _____

COMPANY NAME _____

COMPANY'S ADDRESS _____

PHONE # & SUPERVISOR'S NAME _____

DATES WORKED _____ FULL TIME PART TIME (circle one)

WORK PERFORMED _____

REASON FOR LEAVING _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

SIGNATURE OF APPLICANT: _____