



ASHWOOD PHYSICAL THERAPY, INC.

3737 TELEPGRAPH ROAD, SUITE A, VENTURA CA 93003

PHONE: (805) 642-4678 FAX: (805) 642-2038

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Dear Candidate:

Thank you for taking interest for employment at our facility. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

PERSONAL INFORMATION

Name: _____ MI: _____
(Last Name, First Name)

Home Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ #: _____

Relationship to you: _____

Were you referred? _____ If yes, by whom? _____

Have you applied here before? _____ If yes, when? _____

Do you speak any other languages other than English? YES NO If yes, what? _____

EMPLOYMENT DESIRED

Position: _____ Start Date: _____ Desired Hourly Rate: _____

Are you currently employed? _____ Full Time / Part Time (Please Circle One)

If so, may we contact your employer? _____ Work Number: _____

Education

Graduation Date

Type of Degree

(Undergraduate)

(Graduate, PT)

(Accredited Program, PTA)

Licensure

State

Type of License

Expiration Date

License/Cert. Number

Which of these licenses is your original state of licensure? _____

Has your license or certification ever been revoked or under suspension? _____

If yes, please explain: _____

Resuscitation Credentials

CPR: _____ Exp. Date: _____

Other: _____ Exp. Date: _____

Continuing Education

Date

Name of Course

CEU's Earned

Professional Certifications

Type	Expiration Date
_____	_____
_____	_____
_____	_____

Employment Experience

Provide information for any position held within the last 7 years. Do not substitute your resume.

- Employment dates From: _____ To: _____ Full/Part Time: _____

Company Name: _____ Address: _____

City & State: _____ Supervisor: _____

Phone: _____

Agency (if used): _____ Agency Contract/Period of time: _____

Beginning pay rate: _____ Ending pay rate: _____

- Employment dates From: _____ To: _____ Full/Part Time: _____

Company Name: _____ Address: _____

City & State: _____ Supervisor: _____

Phone: _____

Agency (if used): _____ Agency Contract/Period of time: _____

Beginning pay rate: _____ Ending pay rate: _____

(if more space is needed, please use another sheet of paper)

AVAILABILITY:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:	START TIME:	START TIME:	START TIME:	START TIME:
END TIME:	END TIME:	END TIME:	END TIME:	END TIME:

Personal References (please list person not related to you, who have known you at least one year):

Name	City, State	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information

Have you ever been convicted of a felony or misdemeanor? _____

If yes, please explain: _____

(A conviction will not necessarily disqualify an application for employment)

Signature

Date