



ASHWOOD PHYSICAL THERAPY, INC.

3737 TELEGRAPH 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? _____ If so, may we contact your employer? _____

Work Number: _____

(Please Circle One) Full Time / Part Time

Have you ever been employed here? _____

If so, how long ago? _____

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:

EDUCATION:

	Name and Location of School	How many Years Completed?	Did you Graduate?	Subjects Studied and Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMER EMPLOYMENT (LIST FROM MOST RECENT):

Start Date And End Date	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

From:				
To:				

REFERENCES: (PLEASE LIST PERSONS NOT RELATED AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

Do you have any physical condition which may limit your ability to perform the job applied for?
 (This question is voluntary and any answers will be kept confidential)

ADDITIONAL INFORMATION:

Please provide any additional information which you think is relevant to your application.

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

If yes, please explain: _____

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

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without any previous notice.

Print Name: _____

Date: _____

Signature: _____