



ASHWOOD PHYSICAL THERAPY, INC.

3737 TELEPGRAPH ROAD, SUITE A, VENTURA CA 93003

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

Ashwoodptventura@gmail.com

APPLICATION FOR EMPLOYMENT

Personal Information

Date of Application: _____

First Name: _____ M. Name: _____ Last Name: _____

Maiden name (if applicable) _____ Phone #: _____

Social Security #: _____ Email Address: _____

Emergency Contact/#: _____ Relationship to you: _____

Mailing Address: _____

Physical Address (if different from above): _____

DESIRED POSITION

Position: _____ Start Date: _____ Salary Desired: _____

Are you currently employed? _____ If so, may we contact your employer? _____

Employer Name and Contact information: _____

Referred by: _____

Do you speak any other languages other than English? YES NO

If yes, what Language? _____

Education

Graduation Date

Type of Degree

(Under Graduate)

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Has your license or certification ever been revoked or under suspension?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