



PLATINUM REHAB EMPLOYMENT APPLICATION

PLEASE PRINT

Today's date: _____

First Name M.I. Last Name Preferred Name/Nickname

Street Address Apartment # City State Zip Code

Home Phone Alternate/Work Phone E-Mail Address

Professional License # _____ Expiration Date _____ NPI # _____

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full-time Part-time Temporary

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday

How did you hear about the position? Classified Ad Website Referral (Name) _____

Desired Pay: (Hourly min/max) _____ **Available # of hours/week:** _____

When are you able to start work? (Date) _____

Position applying for: Physical Therapist Physical Therapist Assistant

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Platinum Rehab will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Platinum Rehab is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition Platinum Rehab complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Platinum Rehab also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW WITH MOST RECENT JOB FIRST

(Please print extra pages if needed. A resume with all of the following information may be submitted in lieu of this page.)

DATES EMPLOYED FROM ____ / ____ MO. YR. TO ____ / ____ MO. YR. FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/>	COMPANY NAME		NAME OF SUPERVISOR, TITLE	
	ADDRESS		SUPERVISOR'S PHONE #	
	CITY	STATE	ZIP CODE	REASON FOR LEAVING
	YOUR POSITION	WAGES \$	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SETTING AND DUTIES			

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	SETTING AND DUTIES			

EDUCATION:

SCHOOL NAME AND ADDRESS OF SCHOOL	CITY/ STATE	DID YOU GRADUATE?	MAJOR/ DEGREE
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

RELATED CONTINUING EDUCATION/POSTGRADUATE WORK:

COURSE NAME	ORGANIZATION PROVIDING COURSE	DATE COMPLETED
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POSTGRADUATE CERTIFICATIONS:

TYPE OF CERTIFICATION	ORGANIZATION PROVIDING CERTIFICATION	LICENSE NUMBER
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PROFESSIONAL REFERENCES WE MAY CONTACT:

NAME	COMPANY	ADDRESS	PHONE/ALTERNATE PHONE

COMPLETE IF YOU CURRENTLY HAVE A WORKING RELATIONSHIP WITH FACILITIES:

FACILITY NAME	TYPE OF RELATIONSHIP*	EFFECTIVE DATE

*(application/interview pending, per diem work, etc.)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY TO, ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle)

In accordance with California Labor Code Sections 423.7 and 423.8, please do not disclose information regarding any misdemeanor convictions from marijuana-related offenses that are more than two years old, or any other information regarding any pre-trial or post-trial diversion programs in which you have participated.

Yes No

If yes, please describe:

*** PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.**

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

No consideration of employment is given if section is unsigned

I certify that all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I agree that, if hired, I may be discharged if Platinum Rehab Physical Therapy, P.C., at any time learns of any falsification or material omission in the information I have provided. If discovered prior to hire, I would be ineligible for consideration for, not only this position, but future positions, as well. I authorize Platinum Rehab Physical Therapy, P.C. to contact all former and current employer references listed and all educational institutions. All references are authorized to release all information requested which they might have about me. I hereby release this company and all references from liability, which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all company policies, rules, procedures, and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that, if hired, I will be employed at the will of Platinum Rehab Physical Therapy, P.C. and my employment can be terminated at any time, with or without notice.

I understand that Platinum Rehab Physical Therapy, P.C. is committed to promoting safety and high standards of employee performance, productivity and reliability. Therefore, applicants may be subjected to a drug test prior to being hired to assure the company the applicant does not currently have narcotics, sedatives, stimulants, and other controlled substances and/or mood-altering substances in their body. I understand if I have any such controlled substances in my body at the time of the drug test, Platinum Rehab Physical Therapy, P.C. will not hire me. I further understand, if at any time during my employment with Platinum Rehab Physical Therapy, P.C., my supervisor, or any other manager may require, as a term and condition of continued employment, a substance test if they have a reasonable suspicion that I am under the influence of any substance that might result in harm to myself or to others, or upon the request of Platinum Rehab Physical Therapy, P.C. for initial placement in certain facilities that have drug testing requirements.

I understand that, as a condition of my consideration for employment or as a condition of my continued employment with Platinum Rehab Physical Therapy, P.C., the company may obtain a consumer report that includes, but is not limited to, employment and education verifications, social security verification, criminal and civil history, and any other public records and any other information bearing on my professional standing, character, general reputation, personal characteristics and trustworthiness. I hereby authorize and consent to Platinum Rehab Physical Therapy, P.C. procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Platinum Rehab Physical Therapy, P.C. will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Platinum Rehab Physical Therapy, P.C. and/or their client facilities. I further understand that such a report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand the company reserves the right to add, change and/or delete their policies, procedures, work rules and benefits at any time and that no one at Platinum Rehab Physical Therapy, P.C. has the authority to enter into any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the Owner of Platinum Rehab Physical Therapy, P.C.

I further understand that I am registering with Platinum Rehab Physical Therapy, P.C. for assignments as they become available and that assignments are offered to personnel who meet the specific qualifications of the assignment on a first come, first served basis. Due to the nature of registry services, Platinum Rehab Physical Therapy, P.C. does not guarantee any specific number of days or hours unless specified by special agreement.

SIGNED: _____

DATE: _____