

Application for Employment
Her Health Physical Therapy LLC
Fax to: 443-283-2018

Position Applied For (Please Circle the Number):
- See job descriptions for more details on each position

1. Full Time Salary Physical Therapist (32-40 hours/wk)
2. Part Time Salary Physical Therapist (8-30 hours/wk)
3. Full Time Salary Physical Therapy Assistant (32-40 hours/wk)
4. Part Time Salary Physical Therapy Assistant (8-30 hours/wk)
5. Part to Full Time Incentive Payment (8-40 hours/wk)

Name: _____

Address of Primary Residence:

Address if P.O. Box

Marital Status (Please Circle): Married Single

Medical History (Please specify any operations or serious illness you've had in the past five years):

Date Available for Employment: _____

Education:

- Last School Attended: _____
- Undergraduate School (if applicable/if different)

- Continuing Education Completed (if applicable)/Specialties/Interests:

- **License Number and State Where Licensed:** _____
- Other details pertinent to this position: _____

- Hobbies or Interests: _____

References: (not family)

Reference One:

- Name: _____
- Contact Number: _____
- Occupation: _____
- Period Known: _____
- Good time to contact: _____

Reference Two:

- Name: _____
- Contact Number: _____
- Occupation: _____
- Period Known: _____
- Good time to contact: _____

Reference Three:

- Name: _____
- Contact Number: _____
- Occupation: _____
- Period Known: _____
- Good time to contact: _____

Employment History (start with most recent):

1. Company: _____
Contact Person: _____
Contact Number: _____
Position Held: _____
Period Employed: _____
Responsibilities/Duties: _____
Salary (Please list both yearly and hourly): _____/year _____/hour
Reason for Leaving: _____

Permission to Contact Them (please circle): Yes No

(2) Company: _____
Contact Person: _____
Contact Number: _____
Position Held: _____
Period Employed: _____
Responsibilities/Duties: _____
Salary (Please list both yearly and hourly): _____/year _____/hour
Reason for Leaving: _____

Permission to Contact Them (please circle): Yes No

(3) Company: _____
Contact Person: _____
Contact Number: _____
Position Held: _____
Period Employed: _____
Responsibilities/Duties: _____
Salary (Please list both yearly and hourly): _____/year _____/hour
Reason for Leaving: _____

Permission to Contact Them (please circle): Yes No

Declarations:

I declare that I understand that this is an application for a position only and does not imply any promises of employment on behalf of the Company.

I the undersigned applicant hereby declare that all of the information on the Application of Employment Form is accurate and true and I understand that any falsehood or omission on my part may be grounds for future dismissal from the position or withdrawal of an offer of employment.

Signed at _____ am/pm on this _____ day of _____ 2008

Signature: _____