



Application for Employment

An Equal Opportunity Employer

Mountain Valley Physical Therapy will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability or handicap. Any information received on the applicant will not be used for impermissible purposes.

Personal Information				
Last Name	First Name	MI	Social Security Number	Date of Application
Address		City	State	Zip Code
How did you hear of job opening?		Home Phone	Cell Phone	
Position Desired				
Specific position applied for:			Salary expected:	
Date(s) available:			Availability: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	
License and Certification				
Type	State	Date Received	Last Renewal	Certificate Number
Education				
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Course of Study:	
High School	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree / Notes:	
Undergraduate / Trade School	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree / Notes:	
Postgraduate	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree / Notes:	



1. Have you previously completed an application for employment with Mountain Valley Physical Therapy?
 Yes No If Yes, when? _____
2. Have you ever worked for Mountain Valley Physical Therapy? Yes No
3. May we contact your present/previous employer(s)? Yes No

Employment History			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer:	
Previous Employer(s)	Position	Phone Number	Salary

Please initial the following statements:

I certify that the information provided by me is true and complete for all practical purposes, and that it may be verified by Mountain Valley Physical Therapy.

Should a position be offered and later it is found that information is untrue, incomplete, or misrepresented, I understand and agree that Mountain Valley Physical Therapy is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to discharge without recourse.

I understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States.

I understand that this employment application and any other Mountain Valley Physical Therapy documents are not contracts of employment, express or implied, and that if hired, that I may voluntarily leave employment, or may be terminated by the company at any time, for any reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me.

Signature: _____ Date: _____

Please include a copy of your current resume with this application.