



## Employment Application

Do not use "see resume" in lieu of completing application form. Please complete all sections thoroughly.  
Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below.

### PERSONAL INFORMATION

Legal Last Name		Legal First		Middle Initial	Today's Date
Present Street Address (Do not list P.O. Box)	City	State	County	Zip Code	Telephone No. ( )
Email Address			Cell Phone No. ( )		
Position Applying For			Are you legally authorized to work in the United States? Proof of legal authority to work in the United States will be required upon employment. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Expected Rate of Pay \$ Per Hr.	Full-Time Part-Time	AM Shift PM Shift	I I	Available Start Date	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referred By: (Please check applicable box and specify if other source)					
<input type="checkbox"/> Agency		<input type="checkbox"/> School, please specify			
<input type="checkbox"/> Silver Creek Physical Therapy Employee		<input type="checkbox"/> Other, please specify			

### EMPLOYMENT HISTORY

Address	Your responsibilities	
Job Title		
Name of Supervisor	Reason for leaving	
Employed Duration	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No. ( )
Address	Your responsibilities	
Job Title		
Name of Supervisor	Reason for leaving	
Employed Duration	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No. ( )
Address	Your responsibilities	
Job Title		
Name of Supervisor	Reason for leaving	
Employed Duration	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No. ( )





All persons shall have equal employment opportunities with Silver Creek Fitness and Physical Therapy regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of federal law regarding age discrimination, employment of the handicapped and Vietnam era veterans. Employment shall be based solely on the Company's need and the individual's qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which Silver Creek Fitness and Physical Therapy may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to SCFPT. I hereby release Silver Creek Fitness and Physical Therapy, my former employer or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by Silver Creek Fitness and Physical Therapy may be immediately withdrawn or if I am already employed by Silver Creek Fitness and Physical Therapy, I may be subject to immediate dismissal at Silver Creek Fitness and Physical Therapy's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by Silver Creek Fitness and Physical Therapy, other than for wages at the rate agreed upon for work I have actually performed for SCFPT.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

In accordance with the Immigration and Control Act of 1986, Silver Creek Fitness and Physical Therapy will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.

I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may SCFPT ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at at-will, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time. At-will employment may only be modified by written agreement signed by an Officer of the Company.

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Signature

Date