

**AON Physical Therapy
and Wellness**

Application for Employment

We are an equal opportunity employer. Applicants are considered for for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

Position Applied For _____ Social Security Number _____

Name _____ Telephone Number (____) _____ - _____

Present Address (Street, Apt., or Unit No.) _____

City/ State/ Zip _____ Desired Salary _____

If you are under the age of 18, can you produce the necessary work certificate at the time of employment? ____ yes ____ no

Type of employment desired: ____ full time ____ part time (specific hours) _____

Are you willing to work overtime? ____ yes ____ no

Date willing to start: ____/____/____

Have you ever applied to this company before? ____ yes ____ no

If yes, when did you apply? _____ Where did you apply? _____

List special/ technical skills that you feel qualify you for the job for which you are applying (i.e.: computer, programming/language, soft wear, equipment operation, special tools or machines, etc.)

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/ Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

Work Experience

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Name _____ Address _____

Type of Business _____

Type of Business _____

Phone (____) ____ - ____ Dates employed: from ____/____/____ to ____/____/____

Job Title _____ Supervisor's Name _____

May We Contact? ____ yes ____ no

Wages Start _____ Final _____ Reason for leaving _____

Duties _____

Employer

Name _____ Address _____

Type of Business _____

Phone (____) ____ - ____ Dates employed: from ____/____/____ to ____/____/____

Job Title _____ Supervisor's Name _____

May We Contact? ____ yes ____ no

Wages Start _____ Final _____ Reason for leaving _____

Duties _____

Employer

Name _____ Address _____

Type of Business _____

Phone (____) ____ - ____ Dates employed: from ____/____/____ to ____/____/____

Job Title _____ Supervisor's Name _____

May We Contact? ____ yes ____ no

Wages Start _____ Final _____ Reason for leaving _____

Duties _____

REFERENCES

Name	Position	Company	Work- Relationship (i.e.: supervisor, co- worker)	Telephone #

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of mt knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action, up to and including immediate dismissal.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by the company, employment is on an at-will basis. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any given time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of the company and me. I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the company or its duty authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand this Company employs only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

If the applicant is a minor, the foregoing release must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/ Legal Guardian _____
Date _____

Witness _____
Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Emergency telephone Number (____) _____ - _____

Employee Signature _____
Date _____

Supervisor/ Manager Signature _____
Date _____

Area Manager Signature _____