

Employment Application



Performance Therapeutics

Physical Therapy & Sports Medicine

www.performancetherapeutics.com

Personal Information

Last Name:	First	Middle Initial	Social Security #
Address:		Telephone:	Other:
Position Applying for:		Location:	
Are you at least 18 years old? <input type="radio"/> Yes <input type="radio"/> No		If under 18, do you have a work permit? <input type="checkbox"/> No <input type="checkbox"/>	

How did you hear about us: Indeed Internet Facebook Other: _____

Have you ever interviewed with Performance Therapeutics or its affiliates before? <input type="radio"/> Yes <input type="radio"/> No	If yes, list date(s), job title(s), & location(s)
Have you ever been employed by Performance Therapeutics or its affiliates before? <input type="radio"/> Yes <input type="radio"/> No	If yes, list date(s), job title(s), & location(s)
Do you have any relatives employed by Performance Therapeutics or its affiliates? <input type="radio"/> Yes <input type="radio"/> No	If yes, list date(s), job title(s), & location(s)

Education

Highest Grade Completed: (Circle)	High School	9	10	11	12
	College, Trade or Business	1	2	3	4
	Graduate Studies				
School	Address	Major Studies	Degree, Diploma, License or Certificate		
High School					
College/University					
Vocational, Business, Other					
Do you type? <input type="radio"/> Yes <input type="radio"/> No		If yes, WPM: _____		Computer Skills: (Hardware/Software)	
Computer Knowledge: <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced					

Employment History

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employer Name:	Supervisor Name:	
Address:	Telephone:	Starting / Ending Salary
Job Title:	Job Duties and Responsibilities:	
Reason For Leaving:		

Employer Name:		Supervisor Name:	
Address:		Telephone:	Starting / Ending Salary
Job Title:		Job Duties and Responsibilities:	
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Employer Name:		Supervisor Name:	
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General

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court?

(A "yes" response does not automatically disqualify your application)

Certification & Authorization

The above information is true and correct. I understand that, in the event of my employment by Performance Therapeutics, I shall be subject to dismissal of any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Performance Therapeutics to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Performance Therapeutics and will hold Performance Therapeutics and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Performance Therapeutics to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Performance Therapeutics is intended to create an employment contract between myself and Performance Therapeutics under which employment could be terminated only for cause. On the contrary I understand and agree that, if my employment will be terminable at will and may be terminated by me or Performance Therapeutics at any time for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date: