



Charter Physical Therapy, LLC
Setting Your Course for Recovery and Wellness

Employment Application

Charter Physical Therapy, LLC is an Equal Opportunity Employer and does not discriminate in the recruiting, interviewing, hiring, upgrading, setting working conditions, or discharging of employees on the basis of race, color, creed, sex, age, national origin, marital status, physical or mental disability, sexual orientation, or genetic information.

Name: _____

Last

First

Middle

Address: _____

Number/Street

City

State

Zip Code

Social Security Number: _____ - _____ - _____

Telephone Number: Day (_____) _____ - _____ Evening (_____) _____ - _____

Position Applied For: _____ Full Time Part Time Full or Part Time

Salary Expected: \$ _____ Date Available: _____ Days/Times Available: _____

How did you learn about Charter Physical Therapy, LLC? _____

Have you worked for Charter Physical Therapy, LLC before? Yes No

If yes, list dates, location, and titles: _____

If previously employed, why did you leave? _____

Have you applied for employment with Charter Physical Therapy, LLC before? Yes No

Are you legally eligible to work in the United States? Yes No

Education:

Institution Name	Years Completed	Did you Graduate?	Degree Received/Major
High School:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			

Prior Employment:

Please include all information for present and previous employers, beginning with the most recent.

Employer Name	Supervisor Name & Phone Number	Dates of Employment	Job Title(s)	Pay Rate	Reason for Leaving

Have you had disciplinary problems with any previous employer? Yes No

If yes, please name the employer and describe the circumstances: _____

References:

Please list three individual references who are familiar with your work, skills, abilities, and character:

Name	Phone	Mailing Address	How long known?	What capacity?

Do you have any special experience, qualifications, or skills that you believe would help you do the job which you are applying for? _____

Do you have any special licenses or certificates you have that you would believe may help you do the job for which you are applying? Please include the licensing authority, number, & date of expiration: _____

Do you have a valid driver's license? Yes No Number _____

Please list any experience in operating computers or other business systems that you believe would be useful for the job for which you are applying: _____

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

INFORMATION FOR APPLICANT

(Please Read Carefully Before Signing)

This application is valid for only ninety (90) days. If you have not been employed within ninety (90) days of your application, you must re-apply for a position.

By my signature below, I agree to the following:

I consent to take any physical examinations, including but not limited tests for alcohol or drugs, that may be requested by Winebrenner and Associates’ Charter Physical Therapy, LLC (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental, or other medical status to release such information to Winebrenner and Associates’ Charter Physical Therapy LLC.

I understand that any false statements or misleading omissions made by me in connection with my application, or responding to requests for information, will be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.

I understand that any employment I might be offered by Winebrenner and Associates’ Charter Physical Therapy, LLC is at-will and of indefinite duration, and that either I or Winebrenner and Associates’ Charter Physical Therapy LLC can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by Winebrenner and Associates’ Charter Physical Therapy LLC unless made in writing and signed by the President of Winebrenner and Associates’ Charter Physical Therapy LLC. I understand that satisfactory completion of my provisional period will not change my status as an at-will employee.

I understand that none of Winebrenner and Associates’ Charter Physical Therapy, LLC practices or policies are to be constructed as imposing and binding obligations on the Company, and that they are subject to change or deletion at any time.

I hereby authorize Winebrenner and Associates’ Charter Physical Therapy, LLC to obtain from schools, former employers, or other individuals or institutions in contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.

I understand and agree that Winebrenner and Associates’ Charter Physical Therapy, LLC may engage an outside investigator to conduct an investigation of my conduct if I am accused or wrongdoing in my employment with Winebrenner and Associates’ Charter Physical Therapy, LLC.

I have read this Employment Application and I understand its contents.

Applicant Signature

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant Signature

Date