

**APPLICATION FOR EMPLOYMENT AT BREAKTHRU PHYSICAL THERAPY & FITNESS:**

PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source:  Advertisement  Employee  Walk-in Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Best time to call and which number \_\_\_\_\_

If you are under 18, can you furnish a work permit? \_\_\_\_\_

Are you legally eligible for employment in this country?  yes  no, If no explain: \_\_\_\_\_

Date available for work \_\_\_\_\_ What would be your "ideal" schedule? \_\_\_\_\_

Desired time of employment:  Evening  Weekend  Daytime \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Have you been convicted of a felony in the last seven years?  yes  no

If yes, please explain: \_\_\_\_\_

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with BREAKTHRU Physical Therapy & Fitness. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

College: \_\_\_\_\_ Major/Degree: \_\_\_\_\_ Years completed: \_\_\_\_\_

College: \_\_\_\_\_ Major/Degree: \_\_\_\_\_ Years completed: \_\_\_\_\_

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

PLEASE LIST at least 5 strengths that you have that would help you working at BREAKTRHU: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please discuss your goals, where you want to be in the next 5 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please discuss why you think BREAKTHRU Physical Therapy & Fitness should hire you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

List your last four employers, assignments or volunteer activities, starting with most recent, including military experience. Explain any gaps in employment in comments section.

Employer \_\_\_\_\_ Location: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact for reference  Yes  No  
Dates Employed \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_  
Comments: \_\_\_\_\_

Employer \_\_\_\_\_ Location: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact for reference  Yes  No  
Dates Employed \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_  
Comments: \_\_\_\_\_

Employer \_\_\_\_\_ Location: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact for reference  Yes  No  
Dates Employed \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_  
Comments: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Please list any additional information you would like us to consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_