



Complete application and submit by email to granger.staff@FYZICAL.com.

Job Title for Application: _____ Date of Application: _____

Personal information

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Have you ever applied to / worked for FYZICAL Therapy & Balance Centers before?

Yes _____ No _____

If yes, please indicate location of clinic and date of application/employment:

Do you have any friends or relatives working for FYZICAL Therapy & Balance Centers?

Yes _____ No _____

If yes, please indicate location of clinic and date of application/employment:

Do you have a reliable form of transportation? Yes _____ No _____

Are you eligible to work in the United States of America? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case: _____

Availability Information:

_____ Full Time _____ Part Time _____ PRN _____ Temporary (Dates _____ - _____)

Monday: Yes ___ No ___, Hours: _____ Tuesday: Yes ___ No ___, Hours: _____

Wednesday: Yes ___ No ___, Hours: _____ Thursday: Yes ___ No ___, Hours: _____

Friday: Yes ___ No ___, Hours: _____ Saturday: Yes ___ No ___, Hours: _____

Preferred Start Date: _____

Are you currently employed? Yes ____ No ____

Education and Experience:

High School:

School Name: _____

Address: _____

Graduation Year: _____

College – Undergraduate

School Name: _____

Address: _____

of Years Completed: _____

Year of Graduation: _____

Degree Earned: _____

Vocational School

School Name: _____

Address: _____

Diploma/Cert/Years _____

College – Graduate

School Name: _____

Address: _____

of Years Completed: _____

Year of Graduation: _____

Degree Earned: _____

Military:

Branch: _____ Rank: _____ Total Years of Service: _____

Skills and Qualifications:

Active and Valid License: _____ Effective Date: _____

Active and Valid License: _____ Effective Date: _____

Active and Valid Certification: _____ Effective Date: _____

Active and Valid Certification: _____ Effective Date: _____

Active and Valid Certification: _____ Effective Date: _____

Are you Bilingual? Yes ____ No ____ If yes, in what language(s)? _____

Employment History:

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed? Yes ____ No ____ Length of Employment: _____

Current Employer:

Employer:_____

Supervisor:_____

Number:_____

Position:_____

Address:_____

City, State, Zip:_____

Dates of Employment: _____

Reason for Leaving: _____

May we Contact? Yes ____ No ____

Current Employer:

Employer:_____

Supervisor:_____

Number:_____

Position:_____

Address:_____

City, State, Zip:_____

Dates of Employment: _____

Reason for Leaving: _____

May we Contact? Yes ____ No ____

Previous Employer:

Employer:_____

Supervisor:_____

Number:_____

Position:_____

Address:_____

City, State, Zip:_____

Dates of Employment: _____

Reason for Leaving: _____

May we Contact? Yes ____ No ____

Previous Employer:

Employer:_____

Supervisor:_____

Number:_____

Position:_____

Address:_____

City, State, Zip:_____

Dates of Employment: _____

Reason for Leaving: _____

May we Contact? Yes ____ No ____

References:

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

Occupation: _____

Number of Years Acquainted: _____

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

Occupation: _____

Number of Years Acquainted: _____

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

Occupation: _____

Number of Years Acquainted: _____

Certification:

_____ I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of all information listed above.

First and Last Name: _____ Date: _____