



PHYSICAL THERAPY FOR SPORT & LIFE

# Application for Employment

BodySensePT is an equal opportunity employer. We adhere to making all employment decisions without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status, citizenship, sexual orientation, physical appearance or any other protected classification which may be applicable under the law of the particular state or locality in which you are applying for employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Personal Information		
Last Name:	First Name, MI:	Date of Application: ___/___/___
Address:		City/State/Zip:
Telephone #:	Email Address:	
Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Information		
Position Desired:		Date available to begin work:
Hours Desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
License or Certification:	Number#:	Expiration Date:
Are you able to perform the essential functions of the job either with or without reasonable accommodations?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the essential functions of the job
Are you subject to any employment or non-compete agreements that could restrict your employment with BodySensePT?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History		
Employer:	Position Held:	
Address:	Contact #:	Email:
Supervisor Name and Title:	Dates of Employment:	From: To:
Job Summary:		
Reason for Leaving:		Last Salary:
Employer:	Position Held:	
Address:	Contact #:	Email:
Supervisor Name and Title:	Dates of Employment:	From: To:
Job Summary:		
Reason for Leaving:		Last Salary:
Employer:	Position Held:	
Address:	Contact #:	Email:
Supervisor Name and Title:	Dates of Employment:	From: To:
Job Summary:		
Reason for Leaving:		Last Salary:



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<b>Educational History</b> List school name and location, course of study or degrees earned:	
<b>High School:</b>	<b>Degree:</b>
<b>College /University:</b>	<b>Degree:</b>
<b>College / University:</b>	<b>Degree:</b>
<b>Technical/Trade:</b>	<b>Trade:</b>
<b>Other:</b>	
<b>Other Professional Licenses &amp; Certification</b> List licenses and certifications, dates attained, and whether the certification is active or inactive	
<b>Other Skills and Qualifications</b> Summarize any job-related training, skills, and/or other qualifications:	

<b>Professional References</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Title / Occupation:</b>	<b>Email:</b>
<b>Work Relationship:</b>	<b>Years Known:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Title / Occupation:</b>	<b>Email:</b>
<b>Work Relationship:</b>	<b>Years Known:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Title / Occupation:</b>	<b>Email:</b>
<b>Work Relationship:</b>	<b>Years Known:</b>

**Notice** Under Maryland state 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.

**ACKNOWLEDGMENTS**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omission or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to BodySensePT rules and regulations, and I understand that these rules and the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, either at mine or BodySensePT's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or notice by BodySensePT.

I authorize BodySensePT, or representative of BodySensePT to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to BodySensePT any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In Addition, I release BodySensePT, my former employers and all other persons and companies from any and all claims, demands or liability for gathering and using truthful and non-defamatory information in a lawful manner.

This application remains current for 30 days.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date