



**RIVER VALLEY
THERAPY**
SPORTS & MEDICINE

APPLICATION FOR EMPLOYMENT

Employment Desired

Position Applied For _____ Date: _____

Date you can start _____ Salary Desired _____ Referred by _____

Are you employed now? Yes _____ No _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ When? _____

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Social Security No. _____ E-Mail Address _____

In case of an emergency notify _____ Phone Number _____

Are you 18 years of age or older..... Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___

EDUCATION AND TRAINING

	High School	Vocational/ Technical	College	Graduate School
School Name, City/State				
Did you graduate?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___ Date: _____	Yes ___ No ___ Date: _____
# of credit hours earned				
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, endorsements, certificates, and extracurricular activities that pertain to the position for which you are applying.

List Professional, trade, business, group memberships and offices held and volunteer work. Exclude the name and character of groups which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class.

References

(Please list three people not related to you, whom you have known at least one year)

Name	Address	Phone Number
		(____) _____
		(____) _____
		(____) _____

Employment History

(Start with present or most recent job and list all previous employers)

Employer: _____ Telephone: () _____	Dates From: To:	Hourly Wages/Salary Start: Final:	Job Title: _____ Supervisor: _____
Address: (City, State, Zip)	Work Performed		
Reason(s) for Leaving		Full Time ____ Part Time ____ Hours/Week	
Employer: _____ Telephone: () _____	Dates From: To:	Hourly Wages/Salary Start: Final:	Job Title: _____ Supervisor: _____
Address: (City, State, Zip)	Work Performed		
Reason(s) for Leaving		Full Time ____ Part Time ____ Hours/Week	
Employer: _____ Telephone: () _____	Dates From: To:	Hourly Wages/Salary Start: Final:	Job Title: _____ Supervisor: _____
Address: (City, State, Zip)	Work Performed		
Reason(s) for Leaving		Full Time ____ Part Time ____ Hours/Week	

“ I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.”

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice, at any time. I understand that no company representative, other than it’s owner, and then only when in writing and signed by the owner, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Notes: _____

Salary / Wage: _____ Start Date: _____