



Spine&Sport PT of WI, Inc is an equal opportunity employer. Discrimination because of sex, race, color, religion, or national origin is prohibited by the Civil Rights Act of 1964. Discrimination because of age is prohibited by the Age Discrimination in Employment Act of 1967. Discrimination because of handicap is prohibited by Section 504 of the Rehabilitation Act of 1973.

Employment Application

Applicant Information

Full Name:				Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Address:							
<i>Street Address</i>				<i>Apartment/Unit #</i>			
<i>City</i>				<i>State</i>		<i>ZIP Code</i>	
Phone:	()	E-mail Address:					
Date Available:		Social Security No.:		Desired Salary:	\$		
Position Applied for:							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If yes, explain:							

Education

High School:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							
Full Name:				Relationship:			
Company:				Phone:		()	
Address:							

Previous Employment

Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Please review and sign below: The information given by me is certified to be true and complete for all practical purposes and that the information may be verified by Spine & Sport. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Spine & Sport is relieved of all commitments, financial and otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment may be dependent upon my passing a physical examination at Company Expense.

Notice: Under the Fair Credit Reporting Act (Public Law 91-508) you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics and financial responsibility. Such report would be sought through prior employers, educational institutions, appropriate law enforcement agencies, and /or credit reporting companies. Within a reasonable time, and upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature:		Date:	
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