



PHYSICAL THERAPY IN MOTION INC.

106 VININGS DR. • MCDONOUGH, GA 30253 • PHONE (770) 288-2441 • FAX (770) 288-2442

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

POSITION APPLIED FOR _____

PERSONAL DATA

DOB _____

FIRST NAME _____ MIDDLE _____ LAST _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS IN FULL _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

PERMANENT ADDRESS (IF DIFFERENT) _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____ YOUR VISA TYPE IF AVAILABLE _____ VISA # AND EXPIRATION DATE _____

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No
IF YES, GIVE FULL PARTICULARS.
(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED, OR TERMINATED? YES OR NO (CIRCLE)

IF YES, PLEASE EXPLAIN:

INDICATE SALARY RANGE _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DAYS AVAILABLE:
(indicate hours on each day)



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APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that Physical Therapy in Motion Inc. has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living may be made, and that I, upon written request to Physical Therapy in Motion Inc. made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE Physical Therapy in Motion Inc. to request, and I also authorize and request each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations including test for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by Physical Therapy in Motion Inc. and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to Physical Therapy in Motion Inc. any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that this interview is not an offer for a position but a process by which considerations are made for employment. These interviews will be made until such candidate is elected. Nothing said in the interview should be misunderstood as an offer for an employment position. Offers are made solely from the owner/director of Physical Therapy in Motion Inc. or through a person elected by the owner/director.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by Physical Therapy in Motion Inc. without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the owner/director of the company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Term of Employment and Policy and Procedures, as amended from time to time by the company.

Signature _____

Date _____