



1501 E. Mockingbird Ln Suite 406
Victoria, Texas 77904
Phone: 361) 578-3513 Fax: (361) 578-4623

APPLICATION FOR EMPLOYMENT

NAME: _____ SS#: _____
(Last, First Middle)

ADDRESS: _____
(Street) (City) (State/Zip)

PHONE #: _____ CELL #: _____

POSITION DESIRED: _____ Date of birth: _____
(*If licensed, please provide a copy*)
Email address: _____

EDUCATION:

HIGH SCHOOL: _____
(Name & Location of School)

(Years Attended) (Graduated) Y/N (Degree Obtained)

COLLEGE: _____
(Name & Location of School)

(Years Attended) (Graduated) Y/N (Degree Obtained)

Are you currently employed? Yes / No Company: _____

If employed, may we contact your present employer? Yes / No

Do you have a legal right to be employed in the United States? Yes / No

If you have a current resume, please attach to your application for employment



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FORMER EMPLOYERS:

DATE MO/YR	NAME/ ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: Give the names of three (3) people not related to you whom you have known at least one (1) year.

	NAME	ADDRESS	PHONE NO.
1			
2			
3			

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATION: _____

ADDRESS: _____
 (Street) (City) (State/Zip)

WORK PHONE #: _____ HOURS OF WORK: _____

HOME PHONE: _____ CELL #: _____



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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information from all liability and for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and/ or salary, be terminated at any time without any prior notice.

I understand that this company has a stated drug and alcohol abuse policy and that if the company chooses, it can at any given time do random testing for drug and alcohol abuse."

SIGNATURE

DATE

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Mary E. Drost, PT, DPT, CEEAA