



# Advanced Orthopedic Rehabilitation

**\*\*Application For Employment/Pre-Employment Questionnaire\*\***

AOR P.T., Inc. is an equal opportunity employer

Date Applying: \_\_\_\_\_

Name: \_\_\_\_\_  
 First Middle Last

Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_  
 \_\_\_\_\_

CA Driver's Lic. # \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Mobile # \_\_\_\_\_

If not a U.S. Citizen, do you have a lawful Visa or Immigration status to work in the United States? YES   
 NO

\*Are You 18 Years or Older? YES   
 NO

Desired Position: \_\_\_\_\_

Are you Currently Employed? YES   
 NO

Available to Start: \_\_\_\_\_

What work position are you applying for? Part Time   
 Full Time

Salary Desired: \_\_\_\_\_

Referred By: \_\_\_\_\_

Have you ever applied for this company before? YES  Date: \_\_\_\_\_  
 NO

Have you served in the US Military or any Armed Forces YES   
 NO

Rank \_\_\_\_\_

Are you a member of the National Guard of Reserves YES   
 NO

## General Information

<b>Education</b>	<b>Name &amp; Location of School</b>	<b>*Number of years attended</b>	<b>*Did you Graduate</b>	<b>Subjects Studied</b>
High School				
College				
Trade, Business or Correspondence School				
*Special Skills		*Activities		

**References: Give the names of three persons not related to you, whom you have known at least one year.**

<u>Name:</u>	<u>Address</u>	<u>Phone #</u>	<u>Job Title</u>	<u>Years Acquainted</u>

## In case of an Emergency Notify

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>

## Work Day Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

## Employment History

Please list your last four employers, starting with your most recent

*Past employment may be contacted by AOR P.T., Inc.*

Date		Name & Address of Employer	Position	Salary	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

"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 with AOR P.T., Inc., I agree to conform to the company's rules, policies, 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 the discretion of AOR P.T., Inc. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president and/or principal officers and then only in writing and signed by the president and/or by the principal officers, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

If you agree to the above statement, please sign, print & date below.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

\*AOR P.T., Inc. is an equal opportunity employer, for which race, sex, religion and all other related affiliations will not and does not affect employment opportunity with AOR P.T., Inc. \*\*AOR P.T., Inc. Applications are kept in records for one (1) year from the date of the application. Please do not fill out another application within that time period, unless information has been changed and/or modified.

# Thank you!

### Office Use Only (DO NOT WRITE BELOW THIS LINE)

Interviewed By: _____	Interview Date: _____	Hired: YES <input type="checkbox"/>
Remarks: _____	Dept. # _____	NO <input type="checkbox"/>
_____	Salary/Wage: _____	Hire Date: _____
_____		Start Date: _____