



**Western Berks**  
Physical Therapy & Wellness Center

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about WBPT

- Advertisement                       Friend                       Walk-In  
 Employment Agency               Relative                       Other \_\_\_\_\_

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

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

Telephone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If you are under age 18 years of age, can you provide required proof of your eligibility to work? YES  NO

Have you ever filed an application with us before? YES  NO   
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? YES  NO   
If Yes, give date \_\_\_\_\_

Are you currently employed? YES  NO

May we contact your present employer? YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES  NO   
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:               Full-time               Part-time               Temporary

Are you currently on "lay-off" status and subject to recall? YES  NO

Can you travel if the job requires it? YES  NO

Have you been convicted of a felony within the last 7 years? YES  NO   
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates Employed From      To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary Starting      Final	
Job Title:		
Reason for leaving:		

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Address:		
Telephone Number(s):	Hourly Rate/Salary Starting      Final	
Job Title:		
Reason for leaving:		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EDUCATION EXPERIENCE



Elementary School

High School

Undergraduate  
College/University

Graduate /Professional

School Name and Location:				
Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree:				
Describe Course of Study:				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
Describe any honors you have received:				
State any additional information you feel may be helpful to us in considering your application:				

Indicate any foreign languages you can speak, read and / or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*


# REFERENCES

Give name, address and telephone number of three references who are not related to you that we may contact. Previous employers are helpful.

1.
2.
3.

Have you ever had any job-related training in the United States military? YES  NO   
 If yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES  NO



**APPLICANT'S SIGNATURE**

**PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

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DATE

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SIGNATURE