



Tranquillity Physical Therapy, Inc.

Patient Education & Wellness Awareness

EMPLOYMENT APPLICATION

Date: _____
 Last Name: _____ First Name: _____ M/I: _____
 Street Address: _____ City: _____
 State: _____ ZIP: _____ Telephone No.: _____
 Social Security No.: _____

Employment Desired	Position	FT/PT	Date Avail	Salary Des.
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Are you employed presently? Yes No
 If so, may we contact your present employer? Yes No
 Have you ever applied to this office before? Yes No When: _____

Education	Name and Location of Schools	Did You Graduate?	Subjects Studied
High School	_____	Y/N	
College/s	_____	Y/N	
Trade, Business, Corresp. School	_____	Y/N	

Continuing education or special training (please specify) _____

Experience:

Indicate Years

<input type="checkbox"/>	Typing	<input type="checkbox"/>	Over the Counter	<input type="checkbox"/>	Injections_____
<input type="checkbox"/>	Filing	<input type="checkbox"/>	Collections	<input type="checkbox"/>	Venipuncture
<input type="checkbox"/>	Phones	<input type="checkbox"/>	Supervision	<input type="checkbox"/>	BPs, HTS, WTS
<input type="checkbox"/>	Scheduling	<input type="checkbox"/>	Accounts Payable	<input type="checkbox"/>	_____
<input type="checkbox"/>	Insurance Billing	<input type="checkbox"/>	General Ledger	<input type="checkbox"/>	_____
<input type="checkbox"/>	Computer	<input type="checkbox"/>	Profit and Loss	<input type="checkbox"/>	_____
<input type="checkbox"/>	Collections/Phone	<input type="checkbox"/>	Back Office	<input type="checkbox"/>	_____



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Employers- Please List Most Recent First

From	To	Employer	City	Position
		Phone No.	Salary	Reason for leaving

References (Name, Address, and Phone No.)	Business Name	Years Acquainted

Have you ever been convicted of a felony? If yes, please explain. (Use the back of this sheet if necessary.)

I authorize all persons and companies named above and others determined appropriate, excepting my present employer if so noted, to furnish any information regarding me whether or not it is on their records and hereby release them from all liability for damage for providing this information. In addition, I understand that a routine inquiry may be made which will validate the information I have placed on this application. Upon my written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I further understand that any employment offered to me will not be for any definite period of time and is subject to termination, with or without cause, by employer or at my own election at any time for any reason. I understand that my employment is at will and that this policy cannot be changed except in a written document signed by an authorized officer of the company and also signed by me.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by		
Remarks		
References checked, date:	Neatness	
Ability	Projected Review Date	
Date Hired	Will Report	Employee information record completed, Date
Position	Salary/Wages	1 st Review Date: Pers. Pol. Signed, Date