COMBER PHYSICAL THERAPY
FUSION CHIROPRACTIC

EMPLOYMENT APPLICATION

COMBER PHYSICAL THERAPY, LLC and COMBER PHYSICAL THERAPY & ASSOCIATES, INC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Date: _____ Location: _____

Please check the box which most closely identifies the source that led you to apply with Comber PT:
[ ] Newspaper or Ad [ ] Internet [ ] Rehire [ ] Friend/Relative [ ] Other_____
[ ] Publication_____ [ ] Job/Career Fair_____

Please answer each question completely (incomplete applications will not be considered). **Print clearly and carefully.**

Name: _____
Last *First* *M.I.*

Street Address:_____

City:_____ State:_____ Zip Code: _____

Daytime Phone #:_____ Evening Phone #:_____

E-mail Address:_____

Are you over 18 years old? _____ Are you eligible to work in the U.S.?_____ *(Must provide proof upon employment)*

Have you ever been employed at Comber PT/Fusion before?_____When?_____ Location? _____

Have you ever been interviewed by Comber PT/Fusion before?_____ If yes, when?_____

Do you have relatives presently working at Comber PT/Fusion?_____ If yes, name?_____

Relationship(s)?_____ Location(s)?_____

Briefly state why you would like to work for our company._____

_____

_____

_____

Position:_____ Location:_____

Help us consider you for a job that matches your availability by listing the specific times you would be available for work each day:

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

[ ] Full Time [ ] Part Time What date would you be available to start work? _____

EMPLOYMENT HISTORY

Are you currently employed? [ ]Yes [ ] No

Employment History ***(Please begin with your current or last employer)***

Company:_____ Address:_____
Phone #:_____ Supervisor's Name and Title:_____
Position: _____ Dates Worked(From/To):_____
Duties:_____
_____
Reason for Leaving:_____
May we contact this employer? [ ]Yes [ ] No

Company:_____ Address:_____
Phone #:_____ Supervisor's Name and Title:_____
Position: _____ Dates Worked (From/To):_____
Duties:_____
_____
Reason for Leaving:_____
May we contact this employer? [ ]Yes [ ] No

Company:_____ Address:_____
Phone #:_____ Supervisor's Name and Title:_____
Position: _____ Dates Worked (From/To):_____
Duties:_____
_____
Reason for Leaving:_____
May we contact this employer? [ ]Yes [ ] No

How much time have you missed from work/school during the past 12 months? _____
Have you ever been discharged from any position? _____ If yes, please explain_____
_____
Have you ever been found guilty of a felony or misdemeanor? _____
If Yes, please explain_____
Please summarize any additional information necessary to describe your full qualifications.
_____
_____
Will you now or in the future, require sponsorship for employment visa status (e.g. H-1B visa status)? Yes or No ____

EDUCATION

High School Name:_____ Address:_____
Course or Major: _____ GPA_____ Graduate [ ] Yes [ ] No

College Name:_____ Address:_____
Major Course: _____ Graduated [ ] Yes [ ] No Degree:_____

Other School Attended:_____ Address:_____
Major Course: _____ Graduated [ ] Yes [ ] No Degree:_____

In what activities and organizations, or volunteer work including athletics, did you participate in school? _____

_____

_____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION. UNLESS OTHERWISE INDICATED, ALL REFERENCE TO "COMPANY" SHALL MEAN COMBER PHYSICAL THERAPY/FUSION CHIROPRACTIC.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the company to verify their accuracy and to obtain reference information on my work performance. I hereby release the company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the company. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the company may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.