

**PAIR & MAROTTA PHYSICAL THERAPY EMPLOYMENT APPLICATION**



**Pair & Marotta Physical Therapy**  
2603 G Street  
Bakersfield, CA 93301  
APPLICATION FOR EMPLOYMENT  
(661) 634-9440  
<http://www.pairmarotta.com>

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**For Official Use Only:**

**PLEASE PRINT LEGIBLY**

EMPLOYMENT DESIRED:	DATE AVAILABLE TO START:
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NAME: (Last, First, Middle)

ADDRESS: (Street, Apt #, City, State, Zip Code)

HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
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VALID CA DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: _____ Number: _____ Class: _____
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**HIGH SCHOOL EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL OR OBTAIN A GED?  Yes  No SCHOOL NAME: \_\_\_\_\_

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION COMPLETED? \_\_\_\_\_ (COLLEGE: 13, 14, 15, 16) (GRAD: 17, 18, 19, 20)

**COLLEGE OR UNIVERSITY EDUCATION**

SCHOOL NAME: \_\_\_\_\_

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:

SCHOOL NAME: \_\_\_\_\_

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:

SCHOOL NAME: \_\_\_\_\_

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:

**PLEASE BE PREPARED TO SUBMIT A COPY OF YOUR DEGREE OR DIPLOMA PRIOR TO EMPLOYMENT**

## EMPLOYMENT HISTORY

In the spaces provided, give your complete record of employment during the last five (5) years. Start with your present or most recent position and work back. List your positions in the order you held them. *If you were fired from any employment, you must so indicate and fully explain why. Explain gaps between periods of employment. If the position announcement required any job experience and/or education requirement, show clearly that you meet such requirement.* If you wish, you may include experience more than ten years ago.

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**  Yes  No

***If more space for employment is needed, please copy the employment page and attach to this application.***

DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, State, Zip Code)

SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	HOURS/WEEK:
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DUTIES:

REASON FOR LEAVING:

DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, State, Zip Code)

SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	HOURS/WEEK:
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DUTIES:

REASON FOR LEAVING:

DATES: From: _____ To: _____	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, State, Zip Code)

SUPERVISOR NAME:	TITLE:	PHONE NUMBER:	HOURS/WEEK:
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DUTIES:

REASON FOR LEAVING:

**CERTIFICATES AND LICENSES**

TYPE:	EXPIRATION DATE:
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CERTIFICATE/LICENSE NUMBER:	ISSUING AGENCY:
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TYPE:	EXPIRATION DATE:
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CERTIFICATE/LICENSE NUMBER:	ISSUING AGENCY:
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TYPE:	EXPIRATION DATE:
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CERTIFICATE/LICENSE NUMBER:	ISSUING AGENCY:
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**SKILLS**

OFFICE SKILLS:

OTHER SKILLS:

LANGUAGE(S):

**ADDITIONAL INFORMATION****REFERNCES**

Name:	Phone Number:	Business/Relationship:
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Name:	Phone Number:	Business/Relationship:
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Name:	Phone Number:	Business/Relationship:
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**SUPPLEMENTAL QUESTIONS**

1. Have you ever been employed with Pair & Marotta Physical Therapy?  Yes  No

2. Are you over 18 years of age?  Yes  No

3. Have you ever served in the U.S. Military?  Yes  No

*If so, please submit the DD214 Form with your application.*

**CERTIFICATE OF APPLICANT: READ CAREFULLY BEFORE SIGNING**

CERTIFICATION: I certify that the information provided on the job application and any attachments or resume is true, correct and complete. I certify there are no misstatements, misrepresentations or omissions of facts. I understand that any misstatements, misrepresentations or omissions of fact contained herein will be grounds for denial of employment or immediate termination from employment with Pair & Marotta Physical Therapy. I authorize the investigation of all disclosures of provided information and reference checks to verify my suitability for employment. I release Pair & Marotta Physical Therapy and any individuals/agencies it contacts from any claims or liability for making or responding to such investigation.

I understand I must notify Pair & Marotta Human Resources of any changes in my name, address or phone number.

ADA/TESTING ACCOMODATIONS: Pair & Marotta Physical Therapy complies with the Americans with Disabilities Act of 1990. Any applicant with a qualified disability under the Americans with Disabilities Act may request accommodation by contacting Human Resources at (661) 634 – 9440.

<b>Applicant Signature:</b>	<b>Date:</b>
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**PAIR & MAROTTA PT HUMAN RESOURCES REVIEW  
OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

Notes:

Status:

HR Analyst: \_\_\_\_\_

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

Interviewer: \_\_\_\_\_

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

Interviewer: \_\_\_\_\_

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