



**D&D SPORTS MED**  
DENTON • SANGER • AUBREY  
**Employee Application**

Last name:	First Name:	Middle Init:
Current Address:	City/State/Zip:	
Current Phone #:	Alternate Phone #:	
Driver's License #/Issuing State:	SSN:	
Email Address:	Desired Salary:	

Position you are applying for (Circle):                      Physical Therapist                      Occupational Therapist

Athletic Trainer                      Licensed Physical Therapy Assistant (PTA)                      Occupational Therapy Asst. (COTA)

Technician/Aide                      Front Office Receptionist                      Billing Specialist                      Other: \_\_\_\_\_

**Education:**

Do you have a high school diploma?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    GED?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

College/Univ/Trade School Attended Name and address	FROM: Month/Year	TO: Month/Year	Field of Study:	Degree Awarded	GPA:
			Major:		
			Minor:		
			Major:		
			Minor:		
			Major:		
			Minor:		

**Credentials:**

Type of License/Certification	Issuing State	License/Certification Number	Expiration Date

Has your license ever been suspended or revoked:    \_\_\_ Yes    \_\_\_\_\_ No

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

Have you even been convicted of any offense, other than a minor traffic violation?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

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

Note: Conviction of a crime is not necessarily a bar to employment.

**Experience:**

Please list positions you have held, beginning with the most recent. If more than one position has been held at the same time, list each separately. Please attach a resume as well.

Current employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:  Ending Salary:	Reason for leaving
Duties: (be specific):			

Employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:  Ending Salary:	Reason for leaving
Duties: (be specific):			

Employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:  Ending Salary:	Reason for leaving
Duties: (be specific):			

Employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:  Ending Salary:	Reason for leaving
Duties: (be specific):			

Employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year
			To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:	Reason for leaving
		Ending Salary:	
Duties: (be specific):			

Employer:	Address/Phone	Position Held:	From: _____ / _____ Month Year
			To: _____ / _____ Month Year
Supervisor's Name:	Phone Number:	Beginning Salary:	Reason for leaving
		Ending Salary:	
Duties: (be specific):			

**References:**

Please list at least 3 references we may contact.

Name:	Phone Number:	How do you know this person?
1.		
2.		
3.		
4.		
5.		

Do you, or have you in the last six months, taken or used illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Contact Information:**

Name:	Relationship:
Phone #'s:	

**Certification:**

I understand that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all referenced (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by both owner's of D&D Sports Med.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from D&D Sports Med, whenever it is discovered.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Social Security Number

For office use only:

Job offered?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Accepted:        \_\_\_\_\_ Yes    \_\_\_\_\_ No

Start Date:      \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_