

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

EMPLOYMENT APPLICATION

Position Applied For: _____ Application Date: _____

Applicant's Name: _____ Day Phone: (____) _____

Address: _____ Evening Phone: (____) _____

City / State / Zip: _____ Email Address (optional): _____

If you are under the age of 18, can you furnish a current work permit? Yes No

Are you currently subject to a non-compete provision from another employer? Yes No

Have you been previously employed with Physiotherapy Associates and/or any of its affiliated companies? Yes No

If yes, start and end date _____ Manager's Name: _____

Have you ever applied for a position with Physiotherapy Associates and/or any of its affiliated companies? Yes No

If yes, when? _____

Are you related to anyone employed with Physiotherapy Associates? Yes No

If yes, please list name: _____

Are you legally eligible for employment in the United States for the position you are applying? Yes No

(Proof of identity and employment eligibility will be required within three days of date of hire)

Type of employment desired: Full Time Part Time Temporary Intern Per Diem

Schedule you are available for work (check all that apply): Day Night Weekend

Date available for work: Immediately Provide specific date: _____

Applicants in California and in Massachusetts, please see below prior to answering the following question

In the past seven years, have you been released from prison or convicted of any crime? Include convictions for which you pleaded guilty or nolo contendere (no contest), paid a fine, received a suspended sentence and/or were incarcerated. Do not include minor motor vehicle violations and convictions that have been annulled, expunged, sealed or pardoned by a court. Yes No

If YES, please explain the circumstances of the conviction(s), including date, nature, town/city and state of each offense, disposition, and any other information you want to bring to our attention. A YES answer will not automatically bar you from employment. All relevant facts and circumstances, including, but not limited to, age and time of the offense, seriousness and nature of the violations, and rehabilitation will be considered in relation to the position(s) for which you are applying. Please attach your explanation of the circumstances of the conviction(s). *Providing a NO answer to this question when, in fact, you have been convicted of a crime which you should have revealed, WILL BAR you from employment*

Applicants in California: Applicants in California need not disclose the following: (1) convictions for marijuana related offenses more than two year old; (2) misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed; and (3) any record regarding a pre-trial or post trial diversion program.

Applicants in Massachusetts: Applicants in Massachusetts need not disclose their criminal offender record information, including information about arrests, criminal charges and incarceration on an "initial written application form."

HOW WERE YOU REFERRED TO PHYSIOTHERAPY ASSOCIATES?

Referred by a Physiotherapy employee. If so, which employee referred you to us? _____

Answered an advertisement. If so, which publication? _____

Referred by an Employment Agency. If so, which Employment Agency? _____

Responding to an Internet posting. If so, which web page site? _____

Attended a Job Fair. If so, where? _____

Other, please list: _____

EDUCATIONAL BACKGROUND:

	Name of School	City, State	Years	Graduated	Degree/Diploma	Course of Study
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College 1			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College 2			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College 3			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (i.e. Technical, etc)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from previous employment or other experiences which may qualify you for work with our organization (attached resume may suffice). Please use reverse side of this page, if needed.

EMPLOYMENT HISTORY

List your previous employers (full and part time), military experience and unpaid work assignments starting with the most recent, for the past 7 years. All requested information must be completed on this application, even if a resume is attached.

May We Contact all of the employers included on this application? Yes No

If no, please indicate which employer(s) **not** to contact: _____

From DD/MM/YY	To DD/MM/YY	Employer	Job Title	Supervisor's Name / Title
Address:				Phone # with Area Code:
Job Responsibilities:			Starting Salary	Final Salary
Reason for Leaving:				
From DD/MM/YY	To DD/MM/YY	Employer	Job Title	Supervisor's Name / Title
Address:				Phone # with Area Code:
Job Responsibilities:			Starting Salary	Final Salary
Reason for Leaving:				
From DD/MM/YY	To DD/MM/YY	Employer	Job Title	Supervisor's Name / Title
Address:				Phone # with Area Code:
Job Responsibilities:			Starting Salary	Final Salary
Reason for Leaving:				
From DD/MM/YY	To DD/MM/YY	Employer	Job Title	Supervisor's Name / Title
Address:				Phone # with Area Code:
Job Responsibilities:			Starting Salary	Final Salary
Reason for Leaving:				

If additional space is needed to provide previous employment, please use the back of the form and check this box

PROFESSIONAL LICENSURE

	Speech/Language Pathology/Audiology	Physical Therapy	Occupational Therapy	Athletic Trainer, Certified	Orthotics & Prosthetics
Certification Numbers	ASHA:		AOTA:	NATA:	ABC: BOC:
State License Number					Number: State:
Qualifications	<input type="checkbox"/> Speech/Language Pathology: <input type="checkbox"/> Audiology	<input type="checkbox"/> PT <input type="checkbox"/> PTA			ABC Board Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No ABC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No ABC Resident Tech Number:
Eligible for Temporary State Permit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligible for Licensure by Endorsement*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificate of Clinical Competence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Clinical Fellowship Year					

*If eligible for Temporary State Permit or Licensure by Endorsement, please provide reason.

OTHER CLINICAL OR SPECIALTY CERTIFICATIONS:

Please include all clinical and/or specialty certifications received which are not included above.

MEMBERSHIPS/ORGANIZATIONS

___ APTA ___ AOTA ___ NATA ___ ASHA ___ AAOP Other _____

AWARDS

Please include all awards received.

Physiotherapy Associates is an Equal Opportunity Employer. The Company considers applicants for all positions without regarding to race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law which can be reasonably accommodated without undue hardship.

This application shall be construed to comply with all applicable federal and state laws and shall be deemed amended as may be necessary to comply with such laws. The employee's site of employment shall be dispositive in determining which state law is applicable.

Notice to Applicants in Maryland: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAN AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYEE WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Notice to Applicants in Massachusetts: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

ACKNOWLEDGEMENTS AND AUTHORIZATIONS

I certify that all information I have provided including but not limited to my resume, interview, application, and/or any supporting documentation in order to apply for and secure work with Physiotherapy Associates (the Company) is accurate and complete to the best of my knowledge.

It is understood and agreed that any misrepresentation by me including but not limited to my resume, interview, application and/or any supporting documentation will be sufficient cause for cancellation of this application and/or separation from the Company's service if I have been employed or offered employment. Furthermore, I understand that just as I am free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary, expressed or implied.

I give the Company the right to conduct a thorough investigation of my background, including a credit history profile and drug screening. I understand that the Company is not obligated to offer me any position or to retain me if I am hired. I further understand that any offer of employment may be withdrawn pending the outcome of a background investigation and/or drug screening. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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

I understand and agree that I am unaware of any restriction or limitation that would disqualify me or otherwise limit my ability to fully perform the job for which I am applying, and that it is my responsibility to make the Company aware of any reasonable accommodation that may be required for me to perform the essential functions of my job.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form within 3 days of date of hire in this regard. Additionally, I understand if I am hired, I am responsible to comply with all Company rules and regulations as may be modified from time to time, as well as to comply with all applicable legal requirements.

I understand that this application for employment shall be active for a period of time not to exceed 90 days, and that if I wish to be considered for employment beyond this time period, I must reapply.

Furthermore, I understand that if I am hired by Physiotherapy Associates I may terminate my employment at any time, with or without cause or notice, and the company may do the same. This application does not create a contract of employment either express or implied. There is no implied promise or commitment by the company to provide an offer of employment and if hired, there is no commitment by the company to continue employment for any length of time or to alter the at-will employment relationship.

Applicant's Signature

Proprietary & Confidential – Physiotherapy Associates (August 2010)

Printed Name

AN EQUAL OPPORTUNITY EMPLOYER

Date

Pg 4 of 10

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT:

I, the undersigned consumer, do hereby authorize **Physiotherapy Associates** by and through its independent contractor, to procure a consumer report and/or investigative report on me.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record. The company reserves the right to conduct periodic background checks as business needs dictate.

I have read and acknowledge that **Physiotherapy Associates** reserves the right to periodically obtain, from state motor vehicle departments, reporting agencies, insurance companies or other sources, a motor vehicle report detailing an Associate's driving record and to request a current copy of the Declaration Page of the Associate's Automobile Liability Policy if the Associate is given the use of a Company vehicle or utilizes a rental, borrowed or his/her personal vehicle to conduct Company business. Automobile Liability Coverage must be maintained with a reputable insurance company. Any changes to the status of my insurance or my driver's license validity during my employment with **Physiotherapy Associates** must be communicated to the Company's Corporate Risk Management Group immediately.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon my written request to **Physiotherapy Associates** that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Physiotherapy Associates**, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Physiotherapy Associates**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Applicant's Signature

Printed Name

Date

BACKGROUND REVIEW INFORMATION

The following information is needed to complete the Company's required background screenings.

MOTOR VEHICLE RECORD

Please answer the following questions only if driving for Company business is an essential function of the position for which you are applying.

Have you had any motor vehicle accidents within the past three years? Yes No

If yes, please explain or attach appropriate documentation. _____

Have you been found guilty of motor vehicle violations within the past three years? Yes No

If yes, please explain or attach appropriate documentation. _____

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

OTHER NAMES USED (within the past 7 yrs)

First Middle Last

First Middle Last

ADDRESS HISTORY (including school addresses)

Current Address:

Street /P. O. Box City State Zip Code County How Long

Former Address:

Street /P. O. Box City State Zip Code County How Long

Former Address:

Street /P. O. Box City State Zip Code County How Long

Former Address:

Street /P. O. Box City State Zip Code County How Long

***If you need additional space please use the back of the form and check this box**

ADDITIONAL REQUIRED INFORMATION

Social Security Number: _____
(A photocopy of your Social Security Card may be requested.)

Date of Birth: _____

Professional License Number: _____ State: _____ Effective Date: _____ Expiration Date: _____

Applicant Certification and Release

I understand that consideration for employment at Physiotherapy Associates is contingent upon the results of a reference and background review. I hereby authorize Physiotherapy Associates and its agents to investigate the truthfulness of all information I have provided in my application, resume and other attachments pursuant to the "Acknowledgements and Authorizations" section of this application which I have read, understood and agreed.

I understand that if I am hired by Physiotherapy Associates I may terminate my employment at any time, with or without cause or notice, and the company may do the same. This application does not create a contract of employment either express or implied. There is no implied promise or commitment by the company to provide an offer of employment and if hired, there is no commitment by the company to continue employment for any length of time or to alter the at-will employment relationship.

Signature _____

Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Physiotherapy Associates is an Equal Opportunity Employer. The Company considers applicants for all positions without regarding to race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law which can be reasonably accommodated without undue hardship. Physiotherapy Associates is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Physiotherapy Associates invites job applicants to voluntarily self-identify. The information below will be used only in the compilation of data for government required reporting. Please be aware that, you are not required to provide this information, completion of this data is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please return this page with your application. Thank you for your participation.

PERSONAL DATA

Name (Last, First, Middle) _____

Position Applied For: _____ Date: _____

VOLUNTARY SELF-IDENTIFICATION *(Please check all that apply)*

For additional information, please see definitions.

<u>Race or Ethnic Identity</u>	<u>Gender</u>	<u>Veteran Status</u>	<u>Other</u>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Armed Forces Service Medal Veteran	<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Other Protected Veteran	
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran	
<input type="checkbox"/> Asian (not Hispanic or Latino)			
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)			
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)			

I do not wish to Self-Identify

Signature _____

Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION DEFINITIONS

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

VETERAN STATUS

Armed Forces Service Medal Veteran

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp. p159).

Other Protected Veteran

A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Disabled Veteran

- i. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs

OR

- ii. A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

INDIVIDUAL WITH DISABILITIES

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

This sheet is for your records, please remove and take with you.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to:**

Consumer Response Center
Room 130-A
Federal Trade Commission
600 Pennsylvania Avenue N.W.
Washington, D.C. 20580.

You must be told if information in your file has been used against you.

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file.

You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score.

Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information.

If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information.

In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited.

A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers.

A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.

Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may also opt-out with the nationwide credit bureaus.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (Continued)

This sheet is for your records, please remove and take with you.

You may seek damages from violators.

If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights.

For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-4000
Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-326-2222