

1. EMPLOYER INFORMATION

Employer: Theory Physical Therapy, LLC  
Address: 7545 W. 159<sup>th</sup> Street  
City/State/Zip: Tinley Park, IL 60477  
Telephone: 708-620-8311

It is the policy of Theory Physical Therapy, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. APPLICANT INFORMATION

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime Ph: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_ SSN: \_\_\_\_\_  
Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Job Position Applied For: \_\_\_\_\_  
Full or Part Time: \_\_\_\_\_ If Part-Time, Max Hours Available \_\_\_\_\_  
Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations: \_\_\_\_\_

4. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

5. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

6. How will you get to work? \_\_\_\_\_

7. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request? \_\_\_\_\_

**9. Applicant Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability). If additional space is needed, continue on the back page of this application.

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**10. Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year) \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year) \_\_\_\_\_

**11. Applicant's Education and Training**

College/University Name and Address \_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No      If yes, degree(s) received: \_\_\_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_

Current professional licenses or certifications: \_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service: \_\_\_\_ Yes \_\_\_\_ No Branch \_\_\_\_\_ Specialized Training \_\_\_\_\_

**12. References**

List any two non-relatives who would be willing to provide a reference for you

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Theory Physical Therapy, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract or employment signed on behalf of the organization by its Officers, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntarily in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Theory Physical Therapy, LLC, except in a specific written contracts of employment signed on behalf of the organization by its Officers, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**