



Employment Application

Personal Information

Full Name: _____
Last First M.I

Address: _____
Street Address

City State Zip Code

Home Phone: _____ Alternate Phone: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-Mail Address: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: _____

Emergency Contact Information

Full Name: _____ Address: _____

Phone Number: _____ Relationship: _____

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Position you are applying for?

- Physical Therapy Full-time Part-time PRN
- Occupational Therapy Full-time Part-time PRN
- Speech Therapy Full-time Part-time PRN

Area of Specialty or Certifications (e.g. Pediatric Dysphagia, Brain Gym, Sensory Intergration)

Area/Region you prefer to work in (please circle)

- | | | | |
|-------------------|------------------|------------------|------------------|
| Greenville County | Laurens County | Greenwood County | Anderson County |
| Saluda County | McCormick County | Edgefield County | Abbeville County |

Education

College/University _____ Date of Graduation _____ Degree _____

College/University _____ Date of Graduation _____ Degree _____

State Licensure _____ Date of License Issue _____ License # _____

National Affiliations: _____