# Mililani Physical Therapy, LLC

### Employment Application

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| --- |
| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | Province |  | Postal Code |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Insurance No. |  | Desired Salary |  |
| Position Applied for:  |   |
| Full-time/Part-time/Prn: |  |  |  |  |  |
| Available Start Date:  |  |  |  |  |
| Days of week available to work*(Clinic hours M-F 8-6, Sat 8-12):* |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |

|  |
| --- |
| Previous Employment |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
|  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature |  | Date |  |