

# MILILANI PHYSICAL THERAPY, LLC

## Employment Application

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 <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
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 <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

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