

*Knights & Associates PTs is an Equal Employment Opportunity Employer.
Employment at Knights & Associates PTs is nondiscriminatory in regard to race, color,
gender, religion, age, national origin, disability, veteran status or sexual orientation.*

Please complete application and attach your cover letter and resume with three references.

Personal Information

Please enter your full legal name

Last name: _____ **First name:** _____ **MI:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Other names under which you have been employed: _____

Social Security # (xxx-xx-xxxx) : _____

Discipline:

Select a Discipline-- PT PTA Office Other _____

Current Specialty:

How did you hear about us?

Date available to work: _____

Address Information

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Permanent address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact

Name: _____ Relationship: _____ Phone #: _____

Street address: _____

City: _____ State: _____ Zip: _____

License/Registration/Certification

License type: _____ License # _____

State: _____ Expiration date: _____

License type: _____ License # _____

State: _____ Expiration date: _____

License type: _____ License # _____

State: _____ Expiration date: _____

Certification(s)—Please list all with expiration dates:

Has your license or certification ever been investigated or suspended?

If yes please give details and current status:

Have you ever been convicted of a crime other than a minor traffic violation?

If yes please give details and current status:

Have you ever been named as a defendant in a professional liability action?

If yes please give details and current status:

Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.?

If no please give details and current status:

Education

Professional education/College name: _____

Graduation date: _____ Degree: _____

Major: _____

Professional education/College name: _____

Graduation date: _____ Degree: _____

Major: _____

Professional education/College name: _____

Graduation date: _____ Degree: _____

Major: _____

Employment history

Please indicate your past employment, beginning with your most recent employer. Please list each facility in which you have worked. If you were employed by a specific patient, this information should be documented. Supervisors are defined as persons having knowledge of your performance at each location.

May we contact your present employer? _____

Facility name/employer: _____

City: _____ State: _____ Zip: _____

Is this your current employer? _____

From : _____ To : _____

Reason for leaving:

Position held: _____ Discipline: _____ If other please specify:

Supervisor's name and title: _____ Phone #: _____

Facility name/employer: _____

City: _____ State: _____ Zip: _____

Is this your current employer? _____

From : _____ To : _____

Reason for leaving:

Position held: _____ Discipline: _____ If other please specify:

Supervisor's name and title: _____ Phone #: _____

Facility name/employer: _____

City: _____ State: _____ Zip: _____

Is this your current employer? _____

From : _____ To : _____

Reason for leaving:

Position held: _____ Discipline: _____ If other please specify:

Supervisor's name and title: _____ Phone #: _____

I agree that I am the applicant and the information in this application is complete and accurate, to the best of my knowledge. Knight & Associates PIs is authorized to obtain information from my current and previous employers, and release information in support of my application. In addition, we may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities.

If you are in agreement with the above statements please sign and date:

Name: _____ Date: _____