



Application for Employment

Magnolia Physical and Aquatic Therapy of Huntington Beach

Personal Information

Full Name (First, MI, Last):

Mailing Address (Street, City, State, Zip Code)

Phone Number:

☐ Cell ☐ Home ☐ Work

Email:

Are you legally eligible to work in the U.S.A.?

Yes ☐ No ☐

Are you over age 18?

Yes ☐ No ☐

Which position are you applying for?

When would you be able to begin this position?
(MM/DD/YYYY)

/ /

Education

Name of High School:

Location (City, State):

Did you receive a diploma?

Yes ☐ No ☐

Name of College:

Location (City, State):

Year graduated/expected:

Degree/subject studied:

Name of post-graduate school or
trade school:

Location (City, State):

Year graduated/expected:

Degree/subject studied:

Employment History

Name of Employer:	Position:	Dates Employed: <i>If current, please indicate</i>	Supervisor Name and Phone/Email:
		<div style="text-align: center;"> <div>____/____/____ to</div> <div>____/____/____</div> </div>	
		<div style="text-align: center;"> <div>____/____/____ to</div> <div>____/____/____</div> </div>	
		<div style="text-align: center;"> <div>____/____/____ to</div> <div>____/____/____</div> </div>	

May we contact your previous employers? Yes ☐ No ☐

Are you interested in a full-time or part-time position? Full-time ☐ Part-time ☐

How many hours per week are you available to work? _____

References

Full Name	Relationship	Phone and/or Email

Please list any additional skills/certifications/relevant experience:

By signing below, I certify that all answers are accurate and true to the best of my knowledge. I also grant permission to contact my references provided as part of processing my application. Any information provided found to be misrepresented or untrue may result in discharge from the position. I understand the above and agree to all terms listed.

Applicant Signature

Date