



**OLYMPIC
SPORTS & SPINE
REHABILITATION**

Application for Employment

**9315 Gravelly Lake Dr. SW., #306 Lakewood, WA 98499
(253) 581-5200 fax (253) 581-5203**

Equal access to programs, services and employment is made available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Director.

Position(s) applied for _____ Date of Application ____ / ____ / ____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip code

Telephone _____ Mobile/Pager/Other Phone _____ E-Mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country? Yes No

Do any of your friends or relatives, other than spouse work here? Yes No
 If yes, please state name, relationship and location _____

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired Full-time Part-Time Temporary Seasonal

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with most recent.

From	To	Employer	Telephone #
Job Title		Address	
Supervisor		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes No Later			
Reason for leaving	Hourly rate/salary	Start \$	per Final \$ per

From	To	Employer	Telephone #
Job Title		Address	
Supervisor		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes No Later			
Reason for leaving	Hourly rate/salary	Start \$	per Final \$ per

From	To	Employer	Telephone #
Job Title		Address	
Supervisor		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes No Later			
Reason for leaving	Hourly rate/salary	Start \$	per Final \$ per

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

Name and Location	Number of Years Completed	Did you Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Relationship	Telephone	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Olympic Sports and Spine Rehabilitation is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, government agencies, law enforcement agencies at the federal, state or county level, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview, and release the same from any liabilities resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, workers' compensation records (including medical information), and criminal history records.

I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the reporting agency. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations for furnishing such information about me.

I understand that Olympic Sports and Spine Rehabilitation does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's chief executive officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____