



**APPLICATION FOR EMPLOYMENT**

Physicians' Diagnostics & Rehabilitation, Ltd. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, complaining in good faith to the Employer or to a public authority, status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, or any other characteristic or activity protected under federal, state or local law. None of the questions in this application is intended to elicit information regarding any protected characteristic(s), nor imply any limitation, illegal preference or discrimination based upon non-job-related information or protected characteristic(s). Physicians' Diagnostics & Rehabilitation, Ltd. complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by Physicians' Diagnostics & Rehabilitation, Ltd. you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason. Similarly, if you are hired, Physicians' Diagnostics & Rehabilitation, Ltd. will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No Physicians' Diagnostics & Rehabilitation, Ltd. supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

Answer ALL Questions Completely and Accurately

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Have you used another name or an alias in your previous employment, education or in connection with a criminal conviction or plea?  Yes  No

If yes, list all names or aliases: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_ AM/PM

Alternate Phone Number: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_ AM/PM

How did you find out about this position? (Job posting, internal referral, website, etc.): \_\_\_\_\_

If hired, can you furnish proof that you are 18 years of age, or older?  Yes  No

If no, explain \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No

If no, explain \_\_\_\_\_

Have you applied for work or worked at our Company before?  Yes  No

If yes, when, what position, and reason for leaving? \_\_\_\_\_

Are you available to work at any time of the day or week as needed, including overtime?  Yes  No

If no, please explain any work scheduling limitations. \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Desired Wage or Salary: \$ \_\_\_\_\_ per  Hour  Year

**Please provide your educational history:**

	<b>School Name</b>	<b>School City, State</b>	<b>Years attended</b>	<b>Graduate (Y/N)</b>	<b>Major</b>
<b>High School:</b>					
<b>College:</b>					
<b>Post-Graduate:</b>					
<b>Other:</b>					

1. Have you served in the Military?  Yes  No  
 If Yes, which Branch and rank and nature of discharge? \_\_\_\_\_  
 Briefly describe any military training or experience related to the position \_\_\_\_\_
  2. Have you ever worked in a position similar to the one for which you are applying?  Yes  No
  3. Are you acquainted with anyone who is or was employed by our Company?  Yes  No  
 If yes, who, and how do you know them? \_\_\_\_\_
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**If you wish to be considered for positions that require driving, please answer these questions:**

1. Do you have a current, valid and unrestricted driver's license(s)?  Yes  No  
 If yes, what class of license(s) and which state(s)? \_\_\_\_\_
  2. Have you received DWI, DUI or other driving violations within the last two years?  Yes  No  
 If yes, please explain: \_\_\_\_\_
  3. Have you ever had auto insurance denied or canceled?  Yes  No  
 If yes, please explain: \_\_\_\_\_
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**If you wish to be considered for positions that require licensure, please answer these questions:**

1. If you hold any professional licenses or certificates please provide details, including issuing authority and any identifying license or other numbers \_\_\_\_\_
2. Have you ever had a license to practice a profession revoked, suspended or otherwise sanctioned in Minnesota or any other jurisdiction?  Yes  No  
 If yes, please explain: \_\_\_\_\_
3. Have you ever had any public or private disciplinary action taken against you by any authority issuing a professional license?  
 Yes  No If yes, please explain: \_\_\_\_\_
4. Have you ever had a malpractice suit filed against you, or have you entered into a malpractice settlement related to the practice of a profession?  Yes  No If yes, please explain: \_\_\_\_\_

**Work History**

List all employers during the last ten years, with present or last employer first. If more space is needed, use additional pages. Do not omit any employment.

Employer:		Start Date: ____ / ____ / ____
Employer Address & Telephone:		Starting wage: \$ _____ per _____
Position Held:		Bonus / Other wage: \$
Supervisor Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	End Date: ____ / ____ / ____
Main job duties:		Ending wage: \$ _____ per _____
Reason for leaving:		Bonus / Other wage: \$

Employer:		Start Date: ____ / ____ / ____
Employer Address & Telephone:		Starting wage: \$ _____ per _____
Position Held:		Bonus / Other wage: \$
Supervisor Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	End Date: ____ / ____ / ____
Main job duties:		Ending wage: \$ _____ per _____
Reason for leaving:		Bonus / Other wage: \$

Employer:		Start Date: ____ / ____ / ____
Employer Address & Telephone:		Starting wage: \$ _____ per _____
Position Held:		Bonus / Other wage: \$
Supervisor Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	End Date: ____ / ____ / ____
Main job duties:		Ending wage: \$ _____ per _____
Reason for leaving:		Bonus / Other wage: \$

Explain any gaps in employment:

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Have you ever been fired, laid off, or asked to resign by an employer?  Yes  No

If yes, explain \_\_\_\_\_

**Professional References**

Please list 3 names of persons that we may contact who are not related to you, whom you have known at least one year, and can speak to your skills and abilities as it pertains to work.

Name	Relation	Years Known	Contact Number

Do you plan to work for any other employer or engage in self-employment during your period of employment with Physicians' Diagnostics & Rehabilitation, Ltd.?  Yes  No

If yes, explain \_\_\_\_\_

Are there any employer policies, requirements, terms or conditions of employment or types of work which you are unwilling to accept if you are offered employment?  Yes  No

If yes, explain \_\_\_\_\_

Have you ever worked or provided independent contractor services in our industry at any time not listed above?  Yes  No

If yes, explain \_\_\_\_\_

You may be asked to provide a medical history, submit to a drug and/or alcohol test and/or physical/medical examination if you are made a conditional offer of employment. Are you willing to do so?  Yes  No

Physicians' Diagnostics & Rehabilitation, Ltd. has policies on sexual harassment and equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or monies not returned or repaid, an at-will employment policy, a complaint policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rules of Physicians' Diagnostics & Rehabilitation, Ltd., and, for certain employees, confidentiality, non-solicitation and/or non-competition agreement requirements. Applicants may review these policies at our office.

Do you agree, if hired, to comply with these and all other lawful current or subsequently adopted Physicians' Diagnostics & Rehabilitation, Ltd. policies and requirements?  Yes  No

If not, explain \_\_\_\_\_

**ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)**

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify Physicians' Diagnostics & Rehabilitation, Ltd. if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired by Physicians' Diagnostics & Rehabilitation, Ltd.

I authorize Physicians' Diagnostics & Rehabilitation, Ltd. (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED PDR POLICIES, AND THAT PDR DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_