



APEX
Physical Rehabilitation & Wellness

Paramount Health Services LLC DBA Apex Physical Therapy and Fitness is an Equal Opportunity Employer and encourages applications from eligible and qualified persons regardless of race, color, religion, sex, age, national origin or physical disability. Your interest in employment with Paramount Health Services LLC DBA Apex Physical Therapy is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely and to the best of your knowledge. Information provided is subject to verification.

Incomplete applications will not be considered. Please fax resume to 713 270 5910 or email to askazemi@sbcglobal.net

POSITION/S APPLYING FOR: Employee___ Internship___ Volunteer___ **DATE**_____

If applying as an employee please indicate position that you are applying for below. Interns and volunteers please go to the personal information section and also complete all other sections.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

PERSONAL INFORMATION

Last Name	First	Middle
Street Address		Social Security #
City	State	ZIP
Phone ()	Alternate Phone:	Email:
Emergency Contact name	Phone ()	Relationship

Are you at least 18 years of age?

YES

NO



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Are you legally eligible for employment in the United States? YES NO

Do you work for or have you ever worked for Paramount Health Services LLC DBA Apex Physical Therapy and Fitness before? YES ___NO___ If yes, please give dates and positions held:

Are you related by blood or marriage to employee or officers of Paramount Health Services LLC DBA Apex Physical Therapy and Fitness? YES ___ NO ___ If yes, whom?

Name_____ Relationship_____

Department_____

Name_____ Relationship_____

Department_____

Have you ever been discharged from the Armed Forces under other than honorable circumstances? YES__ NO__ If yes, please explain: A general or dishonorable discharge is not an absolute bar to employment. Other factors will also be considered before making a final decision.

Have you ever been convicted of, plead guilty to, received deferred adjudication, or any form of court supervision for any criminal offense (misdemeanors and felonies) other than minor traffic violations within the last ten (10) years? YES__ NO__ If yes, please explain:

NOTE: Prior to employment, applicant will be investigated for prior convictions of criminal offenses. A prior conviction will not automatically disqualify an applicant for employment but will be considered only as it relates to the job under consideration.



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EMPLOYMENT DESIRED

Check all types of work that you will accept: FULL TIME
 PART TIME
 TEMPORARY

When are you available to begin work? _____

Have you read and do you understand the requirements of the job for which you have applied?
YES ___ NO ___

Can you perform the essential functions of this job with or without a reasonable accommodation?
YES ___ NO ___

Do You speak any other language/s besides English? YES ___ NO ___

If yes please indicate which language/s _____



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EDUCATION, TRAINING, AND SKILLS

Do you have a high school diploma or GED? YES __NO__

Diploma or GED certificate received from _____

City _____ and State _____

College, Post Graduate, Technical, or Vocational School:

Name	Location	Course of Study	Years Completed	Degree Received /Year

Describe any other specialized training, apprenticeships, professional licenses:

List any other skills related to the job for which you are applying:

Do you have a valid Texas driver's license? YES NO License # _____

Has your driver's license ever been suspended or revoked? YES __NO __If yes, please explain:



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EMPLOYMENT HISTORY

Beginning with the most recent, list all employment for the past ten (10) years. ALL APPLICABLE BLANKS MUST BE COMPLETED. Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.

If employment was under a different name, indicate name

Position Held	Employment Dates From To	Phone: ()
Address:	City, State	Salary: \$
Type of Business		Supervisor
May we contact this employer?	YES ____ NO ____	
Brief descriptions of duties:		
Reason for leaving:		
Position Held	Employment Dates From To	Phone: ()
Address:	City, State	Salary: \$
Type of Business		Supervisor
May we contact this employer?	YES ____ NO ____	
Brief descriptions of duties:		
Reason for leaving:		


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If employment was under a different name, indicate name

Position Held	Employment Dates From To	Phone: ()
Address:	City, State	Salary: \$
Type of Business		Supervisor
May we contact this employer?	YES ____ NO ____	
Brief descriptions of duties:		
Reason for leaving:		
Position Held	Employment Dates From To	Phone: ()
Address:	City, State	Salary: \$
Type of Business		Supervisor
May we contact this employer?	YES ____ NO ____	
Brief descriptions of duties:		
Reason for leaving:		



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Please explain any periods of unemployment:

Have you been discharged or asked to resign from a job within the last ten (5) years? YES NO If yes, please explain:

PERSONAL REFERENCES

List three people whom you have known for at least three years – do not include relatives or former employers.

1. Full Name & Relations hip	
Address	Phone ()
City, State	
How long have you known this person?	Occupation
2. Full Name & Relations hip	
Address	Phone ()
City, State	
3. Full Name & Relations hip	Occupation
Address	Phone ()
City, State	
How long have you known this person?	Occupation



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OTHER

How did you learn of this job opening?

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all information given on this application is true, correct, and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment and is cause for immediate dismissal.

I hereby authorize any corporation, former employer, educational institutions, law enforcement agencies, city, county, state, and federal courts and military services to release information about my background including, but not limited to, information about employment, education, criminal record, driving record and general reputation. I agree to furnish any additional information required to complete the background check. I release all relevant parties from all liability resulting from furnishing such information. I indemnify Paramount Health Services LLC DBA Apex Physical Therapy and Fitness against any liability which may result from making such inquiries. I also understand that employment with Paramount Health Services LLC DBA Apex Physical Therapy and Fitness is contingent upon the results of a standard physical, driver's record, criminal history/background check, drug-alcohol screen and credit check (if applicable).

I further understand that this is an application for employment and that no employment contract, whether express or implied, is being offered. I also understand that, if employed, such employment is for no fixed or definite period and is subject to change in wages, conditions, benefits and operating policies. Any employment is "at will" and may be terminated at any time, with or without notice.

Print Name

Signature

Date