



West Monroe: 107 Summer Lane West Monroe, LA 71291 PH: 318.396.1969 F: 318.396.1970
 Ruston: 2309 S. Service Rd. W. Ruston, LA 71270 PH: 318.232.1969 F: 318.232.1970
 Monroe: 4401 Sterlington Rd. Monroe, LA 71203 PH: 318.388.1989 F: 318.388.1992
 Shreveport: 1800 Buckner Square -Ste C249 Shreveport, LA 71101 PH: 318.934.1969 F: 318.934.1960

Our mission: To joyfully use our gifts to brighten the lives of others.

Employment Application

First Name	Middle Name	Last Name
Address - Apt #	City, State, Zip	Date of Birth
Home Phone	Cell Phone	SSN
Driver's License Number	Expiration Date of Driver's License	State of VALID Driver's License
Email Address		

How did you learn of this position? _____

Tell us why you would like this job and any special qualifications that may increase your chances of employment:

Have you ever been convicted of any violation of law other than minor traffic violations? _____ If yes, please explain:

Education

High School _____ Date of Graduation _____
 College _____ Date of Graduation _____
 Trade School _____ Date of Graduation _____
 Are you currently attending school? _____ Where? _____ Major _____

Employment & References

Position applied for:	Desired Salary:	Full Time or Part Time	Date Available
Are you employed now: Yes No	What is your current rate of pay?		
Employer	Phone	Manager or Supervisor	May we contact this person for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Phone	Manager or Supervisor	May we contact this person for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work History – Begin with the most recent

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Begin – End Date of Work	Business Name	Position	Salary
Supervisors Name:		Responsibilities	
May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Office Abilities: Please check yes or no based on your experience

Yes	No	Description
		Answer multi-line phone
		Record keeping for patients/clients
		Greeting patients and addressing concerns
		Keeping accurate account of money (ex: balancing monies at the close of day)
		Appointment scheduling
		Computer entry for medical records
		Basic computer skills: typing, Microsoft Word, Microsoft Excel, calculator, etc. Please list what programs you have worked with?
		Able to multi-task

Therapy Tech Abilities: Please check yes or no based on your experience

Yes	No	Description
		Are you willing to clean spills and soils (i.e.; urine, fecal matter, vomit, change a diaper)
		Are you willing to clean and sanitize rooms (therapy, bathroom, kitchen, waiting room), therapy supplies and linens
		Knowledge on therapeutic exercises or stretches
		Knowledge on modalities: ultrasound, e-stim, ice massage, etc.
		Knowledge on transferring a patient from a wheelchair to a car/mat
		Able to interact and cope with disabled children and adults
		Able to accurately and effectively report on a patient's performance to the supervising therapist
		Able to multi-task

At Melanie Massey Physical Therapy, our mission is to joyfully use our gifts to brighten the lives of others. We strive to provide the best possible care to our patients and provide a positive work environment for all of our employees. With that as our primary goal, our company operates on 5 core values: Compassion, Fun, Service, Teamwork, & Knowledge.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for my application being withdrawn and separation from Melanie Massey Physical Therapy, Inc. if I become employed. I give Melanie Massey Physical Therapy, Inc. the right to investigate all references and to secure additional information about me for the purposes of potential employment. I hereby release from liability Melanie Massey Physical Therapy, Inc., any representatives of the company seeking such information and all other persons for furnishing such information needed to obtain employment.

Signature_____ Date_____