



Peak Performance Therapy Center

519 Eureka Way • Sequim, WA • 98382

P (360)683-8331 • F (360)683-8441

PPTCUS.com

Physical Therapists

Eric Palenik, PT, DPT

Rick Meade, MS, PT, Cert. MDT

Sarah Mattson, PT, DPT, OCS

Trina Shockey, PT, OCS

Occupational Therapists

Aaron Staeben, OTR/L, CHT, CEAS

Greg Treece, MS, OTR/L, CHT

Employment Application

Applicant Information

Last Name _____ First _____ MI _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____ SSN _____

Position Applied for _____ Date Available _____ Desired Salary _____

U.S./ Citizen? [] Yes [] No If no, are you authorized to work in the U.S.? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

Education

High School _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree _____

References

Please list three professional references:

Full Name _____ Relationship _____ Phone _____

Company _____ Address _____

Full Name _____ Relationship _____ Phone _____

Company _____ Address _____

Full Name _____ Relationship _____ Phone _____

Company _____ Address _____

Previous Employment

Company _____ Address _____

Supervisor _____ May we contact him/her? [] Yes [] No Phone _____

Employed From _____ To _____ Reason for leaving _____



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Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Company _____ Address _____

Supervisor _____ May we contact him/her? Yes No Phone _____

Employed From _____ To _____ Reason for leaving _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Company _____ Address _____

Supervisor _____ May we contact him/her? Yes No Phone _____

Employed From _____ To _____ Reason for leaving _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, please explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____