



# American Board of Physical Medicine & Rehabilitation

## Employment Application

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Do you need an accommodation to participate in the application or interview process? Yes No

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you legally eligible to work in the U.S.? YES NO

Are you at least 18 years of age? YES NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

# of years attended: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

# of years attended: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Work Experience**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

## Disclaimer and Signature

Please read carefully before signing.

American Board of Physical Medicine & Rehabilitation (ABPMR) is an equal opportunity employer. The ABPMR does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ABPMR to hire me. If I am hired, I understand that either ABPMR or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of ABPMR has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to ABPMR true and complete information on this application. No requested information has been concealed. I authorize ABPMR to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**