

JOB APPLICATION

Dominion Physical Therapy & Associates

729 Thimble Shoals Blvd. Suite 4C, Newport News, Virginia 23606

(757) 837-2932

Dominion Physical Therapy & Associates is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below:

Application Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Dominion Physical Therapy & Associates before? Yes No

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Dominion Physical Therapy & Associates?

If yes, state name & relationship: _____

Are you 18 years of age or older? Yes No

Are you a U.S. Citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The dates of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Note: Dominion Physical Therapy & Associates complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned
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_____	_____	_____	_____
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College/University

Name	Location (City, State)	Year Graduated	Degree Earned
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_____	_____	_____	_____
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Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned
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_____	_____	_____	_____
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Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References: Please provide 3 personal and professional reference(s) below:

Reference

Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Dominion Physical therapy & Associates (DPT) is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the DPT. No representative of DPT has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment can alter your at will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Date: _____

DPT EMPLOYEE PROFILE

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Alternative Email Address: _____

Primary Emergency Contact

Name: _____

Relationship to Contact: _____

Daytime Phone: _____ Evening Phone: _____

Secondary Emergency Contact

Name: _____

Relationship to Contact: _____

Daytime Phone: _____ Evening Phone: _____

Other Information

Birthday: _____

Allergies (Food, Insects, Etc): _____

Dominion Physical Therapy Reference Check Form

729 Thimble Shoals Blvd. Suite 4C Newport News, VA 23606 Phone: (757) 873-2932 Fax: (757) 873-8780

Applicant: _____

Date: _____

Job Number: _____

Reference Checked By: _____

I, _____ hereby authorize Dominion Physical Therapy & Associates to check my personal and/or professional references.

Name of Reference: _____

Company: _____

Title: _____

Phone: _____

What was your relationship with the applicant?

Did you directly supervise her/him?

What was the applicant's title?

Dates of employment?

Salary?

Comments:

Human Resources: _____

Date: _____

Employee Signature: _____

Date: _____

**Acknowledgment of Receipt of
Equal Employment Opportunity and
Nondiscrimination Policy**

This is to acknowledge that I have received orientation on the DPT's Equal Employment Opportunity and Nondiscrimination Policy. I understand that DPT believes and is firmly committed to the principles and practices of equal employment opportunity and nondiscrimination for employing and developing personnel.

I acknowledge that, as an employee of DPT, I have a responsibility to comply with DPT policies, and all applicable state and federal laws, regarding nondiscrimination against any applicant or employee, because of age, ancestry, color, disability (mental or physical), gender, marital status, medical condition, national origin, pregnancy, race, religion, sexual orientation, or veteran status.

Employee's Printed Name

Employee's Signature

SWORN STATEMENT OR AFFIRMATION

Please Print

Last Name	First	Middle	Maiden	SSN
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Current Mailing Address	Street, P.O. Box, Apt. #	City	State	Zip Code
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1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia or equivalent offense outside Virginia?

___ Yes (Convicted in Virginia) ___ Yes (Pending in Virginia) ___ No

If yes, or pending, specify crime(s): _____

___ Yes (Convicted outside Virginia) ___ Yes (Pending outside Virginia) ___ No

If yes, or pending, specify crimes(s) and state, or other location: _____

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2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia?

___ Yes (In Virginia) No (In Virginia)

___ Yes (Outside Virginia) No (Outside Virginia)

If yes or pending, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Signature

Date

DOMINION PHYSICAL THERAPY & ASSOCIATES
CONFIDENTIALLY AGREEMENT

This Agreement is made between _____ and Dominion Physical Therapy. I will perform services for DPT which may require DPT to disclose confidential and proprietary information to me. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or rotating to my services for DPT, the business or operations of DPT, and/or patient lists, marketing strategies, pricing policies and other related information.) Accordingly, to protect the DPT Confidential information that will be disclosed to any me, I agree as follows:

- A. I will hold the Confidential Information received from DPT in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. I will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by DPT.
- C. I will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for DPT.
- D. I will, upon the request or upon termination of my employment with DPT, deliver to DPT any documents, keys, supplies, etc. received from DPT or originating from its activities for DPT.
- E. DPT reserves the right to take disciplinary action, up to and including termination for violations of this agreement.

Signing below signifies that I agree to the terms and conditions of the agreement stated above.

Human Resource Signature

Employee Signature

Date: _____



FRONT OFFICE:

Red polo shirt (with new logo) (Black thermal shirt can be worn under) black slacks and name badge

P.T AND TECHS:

Red polo shirt (with new logo) (Black thermal shirt can be worn under) black slacks or black scrub pants and name badge

Shirts **MUST** be tucked in (no yoga pants, no tights, no stretch pants, no capri pants)

THURSDAY AND FRIDAY (2 options)

1. Refer to Monday- Wednesday dress code
2. **BLUE or BLACK** Jeans (no holes, no hip hop wear) any Dominion shirt/name badge
3. College/any sports team "wear" (t-shirts, sweatshirts, long sleeves)

*** If out of dress code your Supervisor has the right to send you home to change without pay*

If you have any questions, please contact Human Resources (757) 597-9510

304 Marcella Road, Suite E, Hampton, VA 23666 | Tel: 757-825-9446 | Fax: 757-825-9476

466 Dengibh Blvd., Newport News, VA 23606 | Tel: 757-875-0861 | Fax: 757-875-0981

500 Rodman Ave., Suite 4, Portsmouth, VA 23707 | Tel: 757-393-6119 | Fax: 757-393-0681

301 Riverview Ave., Suite 525 A, Norfolk, VA 23510 | Tel: 757-963-5588 | Fax: 757-963-2233

729 Thimble Shoals Blvd., Building 4, Suite C, Newport News, VA 23606 | Tel 757-873-2932 | Fax: 757-597-9514

RECEIPT FOR EMPLOYEE HANDBOOK

(Last Name)

(First Name)

Middle Initial

I HAVE RECEIVED A COPY OF THE COMPANY'S EMPLOYEE HANDBOOK AND HAVE READ OR WILL READ IT CAREFULLY. I UNDERSTAND THAT NOTHIN IN THIS HANDBOOK IN ANY WAY, CREATES AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT; THAT THE COMPANY DESERVES THE RIGHT TO MAKE CHANGES IN CONTENT OR APPLICATION OF ITS POLICIES AS IT DEEMS APPROPRIATE, THAT THESE CHANGES MAY BE IMPLEMENTED EVEN IF THEY HAVE NOT BEEN COMMUNICATED, REPRINTED OR SUBMITTED IN THIS OR ANOTHER HANDBOOK; THAT ANY EMPLOYMENT THAT MAY BE OFFERED IS OF AN INDEFINITE DURATION; THAT EITHER I OR THE COMPANY CAN TERMINATE THIS EMPLOYMENT AT WILL AT ANY TIME FOR ANY REASON OR NO REASON, WITH OR WITHOUT NOTICE; AND THAT NO PERSON OTHER THAN THE PRESIDENT OF DOMINIONPHYSICAL THERAPY & ASSOCIATES HAS ANY AUTHOTITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT ON BEHALF OF THEIR COMPANY.

I UNDERSTAND THAT UPON TERMINATION OF EMPLOYMENT, THIS MANUAL, ALONG WITH ANY AMMENDMENTS, MUST BE RETURNED TO THE HUMAN RESOURCE DEPARTMENT, PRIOR TO THE DISTRIBUTION OF MY LAST PAYCHECK.

Employee's signature

Employee's Name (Please Print)

Date

DOMINION

PHYSICAL THERAPY

— & ASSOCIATES —

EMPLOYMENT, CONFIDENTIALITY AND NON-COMPETE AGREEMENT

In consideration of my employment by Dominion Physical Therapy & Associates, Inc. and/or Dominion Pediatric Therapy & Associates, Inc. ("DPT"), the benefits thereof, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, I, _____ do covenant and agree as follows:

1. I acknowledge that during and as a result of my employment with DPT I will receive or have received valuable training and experience and have established or will establish business and patient relationships all at the expense of and through the efforts of DPT. I further acknowledge that if I should utilize such training, experience and relationships in competition with or against DPT, DPT would be irreparably damaged and that it would be difficult or impossible to ascertain the exact monetary extent of such damage.

2. I will not, during the course of my employment with DPT and for a period of two (2) years following the end of my employment for any reason whatsoever, including without limitation, my resignation, dismissal or expiration or non-renewal of this or any successive employment Agreement (whether the termination is ended by me or by DPT) engage in competition with DPT within a 20 mile radius of any DPT facility in operation as of the end of my employment. For purposes of this Agreement, I shall be deemed to "engage in competition with DPT" if I directly or indirectly, for myself or as an employee, consultant, contractor, officer, shareholder, proprietor or otherwise for any other provider of physical therapy services: (a) perform physical therapy services or other services of the kind that I perform(ed) as a DPT employee; (b) solicit or accept the physical therapy business of any person or business entity that was a client, patient, vendor or referral source of DPT at any time during the two years immediately preceding the end of my employment; (c) solicit referrals from physicians who customarily and regularly referred clients or patients to DPT during the two (2) years prior to the end of my employment; or, (d) in any manner solicit any employee of DPT to leave DPT's employment.

3. I understand and agree that all documents, papers, treatment plans or methods, client or patient lists, client or patient files, computer printouts, computer tapes or diskettes, and any other data in written or recorded form provided to me by DPT or created by me as an employee of DPT ("Proprietary Information") are the sole and exclusive property of DPT, and I agree to relinquish possession of all such Proprietary Information to DPT upon request of DPT. I agree further not to disclose such Proprietary Information to any person or entity outside of DPT except as is necessary for me to perform my duties for DPT or with the express permission of DPT.

4. I stipulate and agree that restrictive covenants contained in this Agreement are reasonable and necessary to protect vital business interests of DPT, that they are reasonably limited in both duration and geographic scope and that they do not unduly limit my ability to earn a living in my chosen trade or occupation.

5. I stipulate and agree that, in the event DPT successfully seeks enforcement of the restrictive covenant(s) herein, DPT shall be entitled to recover from me its costs of action, including its attorneys' fees, and that the duration of such covenant(s) shall be extended to a date two (2) years following entry of an order enforcing such covenant(s).

6. I stipulate and agree that, should any part of the covenant(s) contained herein be found to be unenforceably broad, then a court of competent jurisdiction shall modify and reform them to the minimum extent necessary as to render the covenant(s) reasonable and enforceable, and shall enforce the covenant(s) as so modified and reformed.

7. Nothing in this Agreement shall be construed as creating a contract of employment for any specific period of time.

8. I agree that any unresolved dispute arising out of my employment or hereunder, including without limitation, any claim that my employment was wrongfully or discriminatorily terminated, shall be submitted to final and binding arbitration under the Voluntary Rules of the American Arbitration Association. If I have such a dispute, I must put my complaint in writing and submit it to DPT within twenty-one (21) days after I became or should have become aware of it. If the dispute cannot be resolved internally, DPT will request the American Arbitration Association to appoint a qualified, impartial arbitrator to hear and resolve the dispute. The impartial arbitrator shall hear the dispute not later than ninety days after appointment and shall issue his or her decision and award not more than sixty days after the hearing.

9. I enter into this Agreement voluntarily and knowingly, and I agree that it shall be binding upon me and upon any person(s) with whom I may become employed or associated for its duration and for the duration of the restrictive covenant(s) contained herein. I understand and agree that, in the event of a sale, merger, transfer, restructuring or other change of ownership of DPT, this Agreement shall remain in full force and effect and redound to the benefit of DPT's successor(s) or assign(s).

10. The laws of the Commonwealth of Virginia shall govern this Agreement.

Witness my signature this ____ day of _____, 2____.

EMPLOYEE PRINTED NAME

EMPLOYEE SIGNATURE

Witnessed: _____

3/16 lmb

DOMINION

PHYSICAL THERAPY

— & ASSOCIATES —

SWORN STATEMENT

In accordance with state regulations 42 CFR 455,1066 (Code of Federal Regulation) which states: It is the duty of the provider agency to make inquiry and screen individuals at the point of employment in reference to any CONVICTION OR PENDING CHARGES of a criminal offense; this agency is required to have a state criminal background check on all employees hired after July 1, 1992, in order to provide our clients with safe, adequate, and efficient service.

HAVE YOU EVER BEEN CONVICTED OF OR HAVE CHARGES PENDING WITHIN OR WITHOUT THE COMMONWEALTH OF VIRGINIA FOR ANY OF THE FOLLOWING OR OTHER:

	Yes	No
I. CRIMES AGAINST THE PERSON		
A. Homicide	_____	_____
B. Crimes by mobs	_____	_____
C. Assaults and bodily wounding	_____	_____
D. Robbery	_____	_____
E. Extortion and other threats	_____	_____
F. Seduction	_____	_____
II. CRIMES AGAINST PROPERTY		
A. Arson and related crimes	_____	_____
B. Burglary and related crimes	_____	_____
C. Larceny and receiving stolen goods	_____	_____
D. Embezzlement and fraud	_____	_____
E. Trespass	_____	_____
F. Damage to realty	_____	_____
G. Damage to and tampering with property	_____	_____
H. Computer crimes	_____	_____
I. Crimes relating to railroads and other utilities	_____	_____
III. CRIMES INVOLVING FRAUD		
A. Forgery	_____	_____
B. Impersonation	_____	_____
C. False pretenses	_____	_____
D. Bad checks	_____	_____
E. False representation	_____	_____
F. Offenses relating to credit cards	_____	_____
G. Misc. false and fraudulent acts	_____	_____
H. Misrepresentations connected with sales	_____	_____

	Yes	No
IV. CRIMES INVOLVING HEALTH AND SAFETY		
A. Drugs	_____	_____
B. Drug paraphernalia	_____	_____
C. Transporting dangerous articles	_____	_____
D. Transporting dangerous materials	_____	_____
E. Dangerous use of firearms or other weapons	_____	_____
F. Machine gun act	_____	_____
G. "Sawed-off" shotgun	_____	_____
H. Other illegal weapons	_____	_____
I. Misc. dangerous conduct	_____	_____
V. CRIMES INVOLVING MORALS AND DECENCY		
A. Gambling	_____	_____
B. Bingo and raffles	_____	_____
C. Sexual offenses; prostitution, etc.	_____	_____
D. Family offenses; crimes against children	_____	_____
E. Obscenity and related offenses	_____	_____
F. Cruelty to animals	_____	_____
G. Offenses involving animals	_____	_____
VI. OTHER		
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

If you have answered yes to any of the above information, you are not eligible for employment with this health care agency. If you have knowingly falsified any information on this questionnaire, you can and will be immediately terminated. If you are terminated for any of the above reasons, a copy of the Criminal History Report will be provided to you.

Employee Signature

Date