



Dear Applicant,

Thank you for your interest in applying for the Patient Care Coordinator position at Vance Physical Therapy and Wellness. We trust that you have spent some time on our website and have a clear understand of our family culture and our unique offerings that make our clinic stand out.

Please include the following three things in your application as a JPG or PDF:

1. Cover Letter
 - a. Addressed your cover letter to: ***Josh and Maren Vance***
 - b. Share three reasons why you would be a good fit for this job.
2. Application
 - a. Please fill the application out with a blue or black pen and scan it.
3. Resume

Send your application via email to careers@vancept.com with the subject heading: "Applicant – PCC".

We look forward to learning more about you.

Sincerely,

Josh and Maren Vance
Vance Physical Therapy and Wellness / Vance Diagnostics
511 West Visalia Road
Exeter, CA 93221
(559) 592-7117



Vance Physical Therapy and Wellness

511 W. Visalia Rd.
Exeter, Ca 93221

Phone: 559-592-7117
Fax: 559-592-7112

Job Application

Personal Information

Last		First	MI	SSN#	Email	
Street Address		City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?			How did you hear about this position? <input type="checkbox"/> Indeed <input type="checkbox"/> ZipRecruiter <input type="checkbox"/> Glassdoor <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____			
Expected Hourly Rate	Expected Weekly Earnings		Date Available			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/ Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. . I consent to references being contacted, drug testing and a background check.	Signature	Date
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