

## Employment Application

- Physical Therapist
- Physical Therapy Assistant
- Physical Therapy Technician/Aide
  - Receptionist
  - Medical Billing
- Marketing Assistant
- Patient Representative

Please email or fax your application to:

[sportscarept@optonline.net](mailto:sportscarept@optonline.net)

Fax 516 420 1952

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Available hours: \_\_\_\_\_

Internship position interested in: \_\_\_\_\_

Upon receiving this application we will be in contact with you to setup an interview to see if you qualify for the position you are seeking.

Thank you for your time and attention,

The staff of SportsCare Physical Therapy