

EMPLOYMENT APPLICATION

Date:

hiring or employme veteran status, or o intended to secure	nt practices on the basis other recognized protects information to be used to determine qualifications a	es with all applicable feder s of citizenship, race, colo ed classes. No question or such discrimination. Info and suitability for employm	r, religion, sex, age, r or item on this applic ormation obtained thro	national origin, disabilit ation for employment ough this application w		
		ly and accurately answerd ory Section. All information				
		PLEASE PRINT				
Last Name First Name N		Middle Name	Social Security Number			
Street		City	State	Zip Code		
() Phone (Day)		_ () Phone (Evening)			
Print other names u	nder which you may be o	or are known:				
Position(s) applied f	or: (1)		(2)			
Have you ever beer	n employed by Rehab Pra	actice Management, LLC.?	☐ Yes	□ No		
If yes, where did yo	u work and under what na	ame:				

Type of employment desired:

Full-time

Part-time

Salary Requirements:

☐ Temporary

Date Available:

☐ PRN

If part-time, specify work hours/days desired:

		EMPLOY	MENT ELIGIBIL	ITY INFO	RMATION			
•	Are you at least 18 years of age?					Yes		No
•	Are you legally eligible for employment in the United States:			States:		Yes		No
•	If "Yes," occurred	u ever pleaded guilty or be explain the specific offensed, and the penalty or senter dditional information.	e(s), where the off	ense(s)		Yes		No
	Offense(s)		Date		Location			
-	Sentenc	e or Penalty						
Note: A	"Yes" answ	ver does not necessarily disqu	alify you from emplo	yment with R	Rehab Practice	: Managemer	t, LLC	:
•		u ever been terminated or please explain	asked to resign fro			Yes		No
		E	DUCATION ANI	O TRAININ	IG			
		School/City/State	IV	lajor	# Years Completed	Degree Diplom	or a	*Date Diploma/degree conferred
High Sc	hool/GED							
Undergr College/	aduate /University							
Graduat	e School							
Technic	al School							
Other								
		a degree or diploma is co DIPLOMA(S)	nferred is necess	ary for verit	fication purp	oses. YOU	MUS	T PROVIDE A
PROFE	SSIONAL	. CREDENTIALS						
License	e Held:	Type of License	State	N	Number	Expi	ration	Date
Registr	ation Held	: Type of Registration	State	N	lumber	Exn	iration	n Date
Certific	ation Held:		State		Number	·		n Date
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EMPLOYMENT HISTORY

Please list all previous employment and provide all requested information. Begin with your most recent job and do not omit any employment information. Please explain all gaps in employment.

May we contact your current employer?		Yes		No	
Name of Employer:		Job Title: _			
Address:		Supervisor:			
Street					
City State Zip		Full-time	Part-time	☐ PRN	☐ Temp
Phone: ()	Job	Responsibilities:	<u>:</u>		
Employed from: / _/ to/ _/					
Ending Salary:					
Reason for leaving:					
Name of Employer:		.loh Title			
A 1.1					
Address:Street		Supervisor.			
		Full-time	Part-time	☐ PRN	☐ Temp
City State Zip					
Phone: ()	Job	Responsibilities			
Employed from:					
Ending Salary:					
Reason for leaving:					
Name of Employer:		Job Title:			
Address:					
Street		G up 6111.6611			
City State Zip		Full-time	Part-time	☐ PRN	☐ Temp
Phone: ()	Job	Responsibilities:	<u> </u>		
Employed from: / / / to / /					
Ending Salary:					
Reason for leaving:					
Treason for leaving					

REFERENCES								
Provide names and addresses of persons (not relatives) you have worked with and to whom we may refer for a reference.								
Name/Business Name/Business	Name/Business	Years						
Relationship Address	Relationship Address Telephone #(s) Known							
SPECIAL SKILLS/KNOWLEDGE								
List other education or training that may be pertinent to your application:								
List any special skills or knowledge you may possess that may be pertinent (i.e., computer skills, accounting, etc.)								
ADA STATEMENT: Are you able to perform the essential functions of the position(s) for which you have applied, with or without accommodations?								
APPLICANT STATEMENT								
I hereby affirm that the information that I have provided in this application (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment I understand nothing contained in this employment application, or in granting an interview, is intended to								
create an express or implied employment contract between Rehab Practice Management, LLC and myself. No promises regarding employment or duration of employment have been made to me.								
I understand that any offer of employment will be conditional upon successful completion of a number of pre- employment requirements, including a health assessment (post-offer), verification of credentials and experience, orientation, and any other requirements specified by Rehab Practice Management (e.g., drug/alcohol screen). I understand that if any employment relationship is established, Rehab Practice Management, LLC or I have the right to terminate the relationship at any time and for any reason, consistent with company policy.								
By submitting this application, I authorize Rehab Practice Management or its representative to investigate and verify any and all of the information contained in this employment application, including a criminal background check. I also authorize all previous employers, schools, organizations, and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment. I hereby release all investigators, previous employers, schools, organizations, individuals, and Rehab Practice Management from any liability for providing or receiving such information.								
Signature:								