



Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) Applied For:	Date of Application:
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How did you learn about the company? (circle one)

Advertisement Friend Walk-in Recruiting Firm Current Employee Other:

Last Name	First Name	Middle Name	Date of Birth
Address	Street	City	State Zip Code
Telephone number(s) where we can contact you: Home / Mobile / Work: ()			Social Security Number
Email Address:			

(Please circle)

Are you available to work: Regular - Full-time Regular - Part-time Temporary Hours: _____

On what date would you be available for work? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever submitted an application with the company before? Yes No

If yes, please give date: _____

Have you ever been employed with the company before? Yes No

If yes, please give date: _____

Are you currently employed? Yes No

May we contact your present employer for references? Yes No

Are you legally qualified to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a crime other than a summary offense? Yes No

If yes, please describe : _____

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

Summarize special skills and training not listed above:

Describe honors received:

List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status.

REFERENCES

Give name, address, and telephone number of three business references who are not related to you.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE - Start with your present or most recent position.

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on the back of this employment application.

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job-related training in the United States military? Yes No

If yes, please give date: _____

Are you able to perform the essential requirements of the job? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

State any additional information you feel may be helpful to us in considering your application.

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize Rehab Synergies to conduct all necessary reference, background and licensure checks associated with conditions of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date