



Employment Application and Personnel Record

Please print clearly.

Name: _____ Social Security Number: _____

Present Address: _____
Number Street City State Zip

Telephone: (____) _____ - _____ Are you at least 18 years old? Yes _____ No _____

Are you a United States Citizen or Resident Alien with a Visa allowing you to work? Yes _____ No _____

Position Applied for: _____ Rate of pay expected: \$ _____ per _____

How did you learn of this opening? _____

Do you want to work: Full Time _____ Part Time _____ Specify days/hours _____

Are you available: Days _____ Evenings _____ Nights _____ Weekends _____ Holidays _____ Overtime _____

Are you presently employed? _____ Present Salary: _____ Dates you're available for work: _____

Have you ever been employed by Grace Living Centers, formerly Amity Care Corp? Yes _____ No _____

If yes, month and year: _____ / _____ Position: _____

Are you related to anyone working at RehabSource? _____ If yes, whom? _____

Emergency Contact: _____
Name Address Phone

Have you received the job description for the position for which you are applying? Yes _____ No _____

Do you meet the qualifications and have the ability to perform these job functions? Yes _____ No _____

If no, please explain: _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain: _____

Educational Background (List all institutions attended with degrees, diplomas or certificates received,)

Name of Institution	Type of Studies	Dates Attended & Diplomas, etc.

Note: If your school or employment records are under another name, please indicate that name: _____

List all technical skills or educational hours, certificates (including professional license) or affiliations not previously listed:

Prior Work Experience (List in order with last employer first)

Employer:	Position held:	Salary:	Reason for leaving:
Address:	Duties:	Date began: Month: _____ Year: _____	
Supervisor:		Date left: Month: _____ Year: _____	
			May we contact? Yes _____ No _____ Phone: _____
Employer:	Position held:	Salary:	Reason for leaving:
Address:	Duties:	Date began: Month: _____ Year: _____	
Supervisor:		Date left: Month: _____ Year: _____	
			May we contact? Yes _____ No _____ Phone: _____
Employer:	Position held:	Salary:	Reason for leaving:
Address:	Duties:	Date began: Month: _____ Year: _____	
Supervisor:		Date left: Month: _____ Year: _____	
			May we contact? Yes _____ No _____ Phone: _____

Please read the following conditions of employment and certify by signing below that you agree to them.

(If you have any questions regarding this statement, please ask before signing.)

All appointments to positions are on a trial basis and are subject to satisfactory performance. Employment may be terminated at any time at the discretion of either party in which event the obligation to RehabSource shall end with payments of salary through the last day of employment.

In processing this employment application, RehabSource may request an investigation report be prepared, which may include information concerning possible conviction records. You have the right to request that RehabSource disclose the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department within 7 working days after completion of this application.

This application will be given every consideration, but its receipt does not imply the applicant will be employed.

I authorize persons, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume if any) to provide RehabSource any relevant information that may be required to arrive at an employment decision. In the event RehabSource employs me in a position, I will comply with all rules and regulations as set forth in RehabSource's policy manual or other communications distributed and will agree to be fingerprinted, if required. Additionally, I authorize RehabSource to supply my employment record, in confidence (whole or in part) to any prospective employer, government agency or other party with legal proper interest.

I certify that all statements made by me on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification of any answer on this application is cause for termination if hired.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of Applicant

Date

RehabSource is an Equal Opportunity Employer. It provides for equal employment opportunity without regard to race, color, religion, national origin, sex, age or handicap in connection with, but not limited to hiring, placement, upgrading, transfer or demotion, recruiting, advertising or solicitation, layoff or termination, participation in social and recreational functions, and use of employee facilities.

Breach of this policy by any employee is grounds for disciplinary action up to and including termination.