

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: _____
 Street

Supervisor: _____

 City State Zip

Full-time Part-time PRN Temp

Phone: () _____

Job Responsibilities: _____

Employed from: ___ / ___ / ___ to ___ / ___ / ___

Ending Salary: _____

Reason for leaving: _____

Name of Employer: _____

Job Title: _____

Address: _____
 Street

Supervisor: _____

 City State Zip

Full-time Part-time PRN Temp

Phone: () _____

Job Responsibilities: _____

Employed from: ___ / ___ / ___ to ___ / ___ / ___

Ending Salary: _____

Reason for leaving: _____

Name of Employer: _____

Job Title: _____

Address: _____
 Street

Supervisor: _____

 City State Zip

Full-time Part-time PRN Temp

Phone: () _____

Job Responsibilities: _____

Employed from: ___ / ___ / ___ to ___ / ___ / ___

Ending Salary: _____

Reason 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 Relationship	Name/Business Address	Name/Business Telephone #(s)	Years 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? Yes No

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: _____

Date: _____