

LICENSURE AND CERTIFICATION

Current Licensure/Certification	State/Country Issued	Date Received	Registration/Certification No.	License No.

FORMER EMPLOYERS - List ALL former employers, starting with the most recent.

Attach additional sheet if necessary. Failure to list ALL former employers may impact eligibility for employment.

Company Information	Employment Dates/Salary	Job Title/Nature of Work	Reason for Leaving
Company Name:	Start Date:	Job Title:	
Address:	Finish Date:	Nature of Work:	
Supervisor's Name:	Start Salary: \$		
Telephone:	End Salary: \$		

May we contact this employer for a reference? Yes No

Company Name:	Start Date:	Job Title:	
Address:	Finish Date:	Nature of Work:	
Supervisor's Name:	Start Salary: \$		
Telephone:	End Salary: \$		

May we contact this employer for a reference? Yes No

Company Name:	Start Date:	Job Title:	
Address:	Finish Date:	Nature of Work:	
Supervisor's Name:	Start Salary: \$		
Telephone:	End Salary: \$		

May we contact this employer for a reference? Yes No

Company Name:	Start Date:	Job Title:	
Address:	Finish Date:	Nature of Work:	
Supervisor's Name:	Start Salary: \$		
Telephone:	End Salary: \$		

May we contact this employer for a reference? Yes No

Company Name:	Start Date:	Job Title:	
Address:	Finish Date:	Nature of Work:	
Supervisor's Name:	Start Salary: \$		
Telephone:	End Salary: \$		

May we contact this employer for a reference? Yes No

OFFICE EXPERIENCE

Complete only if seeking an office or clerical position.

Typing Speed _____ wpm

What office equipment can you operate?

In what computer software programs are you proficient?

HEALTH CARE EXPERIENCE

	<i>Months/Years</i>	<i>Description</i>
<input type="checkbox"/> Psychology		
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Speech/Language Therapy		
<input type="checkbox"/> Recreation Therapy		
<input type="checkbox"/> Aquatic Therapy		
<input type="checkbox"/> Social Work		
<input type="checkbox"/> Cognitive Rehabilitation		
<input type="checkbox"/> Vocational		
<input type="checkbox"/> Case Management		
<input type="checkbox"/> Nursing		
<input type="checkbox"/> Group Home		

DRIVING EXPERIENCE

Do you have a valid Driver's License?

- Yes
 No

State of Issuance: _____
License Number: _____
Expiration Date: _____

License Type:

- Operator
 Chauffeur
 CDL

If you do not have a Chauffeur's License, are you willing to obtain one?

- Yes
 No

Have you ever had your Driver's License revoked or suspended?

If yes, please explain.

- Yes
 No

Have you ever been involved in a motor vehicle accident?

If yes, please explain.

- Yes
 No

TRAFFIC CONVICTIONS AND/OR MOVING VIOLATIONS

List ALL convictions/violations received within the last five years (e.g., failure to stop, speeding, etc.)

<i>Date</i>	<i>Location</i>	<i>Charge</i>	<i>Penalty</i>

PHYSICAL RECORD

If offered employment, it is conditioned upon the successful completion of a medical examination including a drug-screen and TB test. This medical examination is given to all individuals in the position for which you have applied.

REFERRAL

How did you hear about us?

- Newspaper (Name of Paper: _____)
- School Posting (School Name/Location: _____)
- Company Employee (Employee Name: _____)
- Career Fair (Name/Date of Fair: _____)
- Internet Posting (Name/Address of Site: _____)
- Organization/Agency (Name of Organization: _____)
- Walk-In (Location: _____)
- Other (Please describe: _____)

PERSONAL REFERENCES

(Please list at least 4, excluding family members and relatives)

Name	Address	Telephone	Occupation	Yrs. Known
		() -		
		() -		
		() -		
		() -		
		() -		
		() -		

AUTHORIZATION AND UNDERSTANDING

By my signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal or medical history with the appropriate individuals, companies, institutions or state and federal agencies, and I authorize them to release such information as you require, including my prior disciplinary employment records, without obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the CEO of the Company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing by the CEO of the Company, or his designated representatives. I hereby authorize the Company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the Company during the course of my employment.

I agree that any action or suit I bring against the Company arising out of my employment or termination of employment including, but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay to the Company any and all costs incurred by the Company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical, drug-screen and TB test are known.

Applicant Signature

Date