

# EMPLOYMENT APPLICATION

## Progressive Step Rehabilitation Services

*This company does not discriminate in hiring or employment on any basis protected by law. Please tell us if you require any special arrangements during the interview process.*

*This application should not be construed as a contract or employment between the employer and the applicant or as a promise of employment. All employment is at will.*

**PLEASE PRINT**

FOR OFFICE USE ONLY			
Facility / Division			
Department			
Job Title			
Salary	Hr.	Mo.	Yr.
Starting Date			

GENERAL INFORMATION				
Last Name	First Name	Middle Name	Social Security Number	Date of Application
Current Address		City	State	Zip Code
Home Telephone	Cell Phone	Email Address	Business Telephone	
To assist us in checking your work, school, or other records, have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____		Position Applied For	Are you seeking...? <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	Days Available (please check days you are able to work) <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
Are you willing to travel locally as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary / wage expected \$	Date available	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to us?		
Are you 18 year of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally able to work for any employer in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details: _____ _____ _____		Have you ever filed an application with this company? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, when? _____		
Have you ever been found guilty by a court of law of abusing, neglecting mistreating, or misappropriating the property of an individual in a healthcare setting? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details: _____ _____ _____		Have you ever been employed by this company? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, when / where? _____		
Are you, or have you ever been, excluded from participating in the Federal health care programs (for example, Medicare and Medicaid)? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details including the name being used when excluded and the period of exclusion: _____ _____ _____		Do you have any friends or relatives employed here? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, give names. _____ _____ _____		
		Has your professional license ever been... Suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, explain: _____ _____ _____		
		Investigated? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, explain: _____ _____ _____		
		License Number _____ State _____		
		License Number _____ State _____		

EDUCATION				
School Name	City / State	Major Course	Circle Last Year Completed	Type of Degree
			1 2 3 4	
			1 2 3 4	
			1 2 3 4	
			1 2 3 4	

Starting with current or most recent employer, list all previous employers in the *last ten years*.

**EMPLOYMENT HISTORY** Including self-employment, summer and part-time jobs, military service. Use separate sheet, if necessary.

FROM		TO		Employer	Telephone Number			
MO	YR	MO	YR					
				Job Title	Supervisor Name			
SALARY OR WAGE				Address	City	State	Zip Code	

Describe your duties

Reason for leaving

FROM		TO		Employer	Telephone Number			
MO	YR	MO	YR					
				Job Title	Supervisor Name			
SALARY OR WAGE				Address	City	State	Zip Code	

Describe your duties

Reason for leaving

FROM		TO		Employer	Telephone Number			
MO	YR	MO	YR					
				Job Title	Supervisor Name			
SALARY OR WAGE				Address	City	State	Zip Code	

Describe your duties

Reason for leaving

List three references

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>

**PLEASE READ BEFORE SIGNING**

I certify that the answers given in this application and in the employment interview/s are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of the company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or in any aspect of the employment process may result in discharge. I understand also that the Immigration Reform Control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United States and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself. I understand that no company representative other than the president has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform the company if I obtain any other employment while working for the company.  
 In Kentucky, for this type of employment State law requires a criminal record check as a condition of employment.  
 I hereby acknowledge that I have read and understand the above statements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_