

Associated Rehabilitation Services, Inc.'s policy prohibits discrimination on the basis of sex, race, color, age, religion, national origin, disability, citizenship, veteran's status or any other characteristic protected by federal, state or local laws.



Application for Employment

Information

Last Name	First Name	Middle	Date of Application:
Street Address			Cell Phone () () Home Phone () ()
City, State, Zip			Social Security Number:
Have you ever applied for employment with Associated Rehabilitation Services?? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			Email Address:
Have You Ever Been Employed by Associated Rehabilitation Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name date(s), supervisor(s), department(s):			Name Other Than Above Used during Previous Employment or Education:
Title of Position Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/>			Pay Desired:
Are you legally eligible to be employed in the United States? Provide document number and expiration date if applicable: Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of eligibility will be requested upon hire.			Date Available:
What hours are you available to work?			Will You Work Overtime if Asked: Yes <input type="checkbox"/> No <input type="checkbox"/>
Names of Friends or Relatives Working at Associated Rehabilitation Services:			Are you available on the Week-ends? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referred to Associated Rehabilitation Services by:			Can you travel if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education/License

School Attended	Name and Location Of School	Course Of Study	No. of Years Completed	Did you Graduate	Degree Earned or Diploma Received
High School					
Business or Trade School Or Other					
College					
Graduate Studies					
Other / Military					
Current License/Certification: Yes <input type="checkbox"/> No <input type="checkbox"/>					Expiration Date: _____
Have you ever had any actions filed against your license/certification? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you presently, or have you ever been under disciplinary action from the state licensing/certifying agency? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Please give an accurate and complete full-time and part-time employment record. Start with present or most recent employer. False statements or omissions on this job Application may result in termination.

Employment History

(Please complete this section in full. Use additional pages if necessary to provide complete employment history. If you have a current resume, please attach it as well.)

1

Company Name	Telephone ()
Company Address	Employment Dates: From To
City, State, Zip	Salary History Starting Pay: Ending Pay:
Name and Title of Supervisor	Can we contact for a reference?
Reason for Leaving:	Telephone of Supervisor ()
State Job Title of Position Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Email address of Supervisor:

2

Company Name	Telephone ()
Company Address	Employment Dates: From To
City, State, Zip	Salary History Starting Pay: Ending Pay:
Name and Title of Supervisor	Can we contact for a reference?
Reason for Leaving:	Telephone of Supervisor ()
State Job Title of Position Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Email address of Supervisor:

3

Company Name	Telephone ()
Company Address	Employment Dates: From To
City, State, Zip	Salary History Starting Pay: Ending Pay:
Name and Title of Supervisor	Can we contact for a reference?
Reason for Leaving:	Telephone of Supervisor ()
State Job Title of Position Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Email address of Supervisor:

4

Company Name	Telephone ()
Company Address	Employment Dates: From To
City, State, Zip	Salary History Starting Pay: Ending Pay:
Name and Title of Supervisor	Can we contact for a reference?
Reason for Leaving:	Telephone of Supervisor ()
State Job Title of Position Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Email address of Supervisor:

Please give accurate and complete answers to the questions below. will utilize this information to conduct a Criminal Background Check and run a Credit History.

Background/Personal History

What was your previous address?	
How long at previous address?	How long at current address?
Since reaching the age of 18, have you been convicted of a felony or misdemeanor?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
*A conviction will not necessarily be a bar to employment.	
Have You Ever Been Suspended or Discharged From Any Position: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	
What special accommodations would have to be made for you to successfully perform the duties of the job for which you are applying?	

Signature

Please Read Carefully Before Signing

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered grounds for termination.

I understand that the receipt of this application by Associated Rehabilitation Services, Inc. does not guarantee a job interview or offer of employment. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if employed, employment is not for a stated period. Associated Rehabilitation Services has the authority to enter into an agreement contrary to the foregoing and then such agreement must be in writing and signed by the President and me. No other practice, written or oral policy or statement by anyone can alter this employment relationship.

I hereby authorize Associated Rehabilitation Services and its agents to check references and to research my educational and employment background and my criminal conviction record and to conduct a post-offer drug screen. I understand that satisfactory reports are a condition of my employment with Associated Rehabilitation Services. I further understand that my employment will be terminated if management determines that said reports are unsatisfactory. I hereby release Associated Rehabilitation Services and its agents from any liability in making such inquiries or in relying on the information received. I authorize all of my employers and references named to furnish any information concerning me, and I release them from any and all liabilities or damages of any nature because of furnishing such information.

Signature of Applicant

Date

All qualified applicants will receive consideration for employment without regard to sex, race, age, religion, national origin or handicap. It is our policy to employ individuals solely on the basis of qualifications.

Professional References

Please provide as many references as possible or attach additional references.

1

Name	Telephone ()
Company Name and Address	Relationship:
City, State, Zip	Email address

2

Name	Telephone ()
Company Name and Address	Relationship:
City, State, Zip	Email address

3

Name	Telephone ()
Company Name and Address	Relationship:
City, State, Zip	Email address

4

Name	Telephone ()
Company Name and Address	Relationship:
City, State, Zip	Email address

5

Name	Telephone ()
Company Name and Address	Relationship:
City, State, Zip	Email address