

## Reavis Rehab & Wellness Center, Inc.

Thank you for your interest in employment with our Clinic. We appreciate your application, and look forward to the possibility of you joining our team.

In order to be considered, all information on the attached application and Authorization for Release of Information forms must be completed. All information must be legibly **printed**. Incomplete applications **will not** be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If more space is needed to complete any question, use general comments section or attach additional sheet.

Receipt of this application does not imply that the applicant will be employed. It is not necessary for you to contact this office regarding any openings after you have completed your application.

As an equal opportunity employer, decisions to hire are made without regard to race, sex, pregnancy, age, color, religion, national origin, disability, veteran status, or any other status protected by law. Our clinic will not sponsor visas for position.

### CERTIFICATION

I certify that my answers to this application for employment are true and correct without consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Reavis Rehab & Wellness Center, Inc. to contact any Agency or individual it deems appropriate to investigate my employment history, character and qualifications; I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Clinic. I understand that the Clinic reserves the right to require drug, alcohol, and fitness for duty testing in accordance with applicable law. I further understand that no individual in the Clinic is authorized to enter into any written or verbal employment contracts for any definite period of time without express written consent of the Executive Director of the Clinic. I understand that operating conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling changes in wages, conditions, and operating policies. I also understand that my employment is "at will" and may be terminated by myself or by the Clinic at any time for any reason at all, with or without prior notice.

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Signature

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Date

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Printed Name

Reavis Rehab & Wellness Center, Inc.  
Employment Application

**PERSONAL INFORMATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

eMail Address: \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you over 18?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Drivers License: State: \_\_\_\_\_ No. \_\_\_\_\_ Currently Valid  Yes  No

In which states have you lived in the past seven years? *(Include counties.)* \_\_\_\_\_

Have you used any names (aliases, maiden names, married names, et cetera) or Social Security numbers other than given above?  Yes  No *(If yes, please list.)* \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Are you seeking:  Full Time  Part Time  PRN

If other, please specify: \_\_\_\_\_

Are you willing and able to work: Weekends?  Yes  No Holidays?  Yes  No

Are there any days or hours you would be unable or unwilling to work?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you have any obligations or reasons which would limit your ability to travel or work overtime?

Yes  No *(If yes, Comment below.)*

Position applied for: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Have you ever applied or worked for this company or any of its affiliates before?

Yes  No If yes, state details: \_\_\_\_\_ How did you learn of or company and/or position? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment?

Yes  No If yes, please explain: \_\_\_\_\_

GENERAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL LICENSE/CERTIFICATES**

Type	State & Date Issued	Number

Have you ever had a certificate or license revoked or suspended?  Yes  No (If yes, Comment below.)

Education	Name, City & State	Graduate?	Courses Studied/Major
High School			
College			
Graduate School			
Trade School			

If you did not graduate, why did you leave high school or college? \_\_\_\_\_  
 \_\_\_\_\_

WHAT SOFTWARE APPLICATIONS DO YOU HAVE A WORKING KNOWLEDGE OF?			
Typing? <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM (      )	10 Key? <input type="checkbox"/> Yes <input type="checkbox"/> No	Touch / Sight

List and describe any other school or specialized training (languages, clerical skills, and/or equipment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would assist us in placing you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why you are interested in working for our Clinic. List those skills and abilities which you feel particularly qualify you for a position with us. Please omit any references to any organization or activities that would indicate race, religion, age, sex, national origin, ancestry, sexual orientation, disability, or political persuasion: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been disciplined for violating company rules or regulations?  Yes  No

Have you ever been convicted of, pled guilty or nolo contendere to, or received probation or deferred adjudication for any felony?  Yes  No *(Answering yes will not automatically bar you from employment.)*

Have you been convicted of, pled guilty or nolo contendere to, or received probation or deferred adjudication for any crime (including any misdemeanor or felony) of moral turpitude or any offense of any type involving children, handicapped or the elderly?  Yes  No *(Answering yes will not automatically bar you from employment.)*

If you answered yes to any of the above questions, please describe below.

Incident Type	City and State	Incident Date

Will you abide by the safety rules of this company?  Yes  No

Are you excluded from any state and/or federal healthcare programs?  Yes  No *(If yes, Comment below.)*

Have you ever been discharged or requested to resign from a position?  Yes  No *(If yes, Comment below.)*

Is there any reason why you would be unable or unwilling to report to work on time every day on a regular and consistent basis?  Yes  No *(If yes, Comment below.)*

GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

**REFERENCES**

Please list three professional references, may not be relatives.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

**PREVIOUS EMPLOYMENT:**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

***PLEASE INCLUDE MONTH AND YEAR IN EMPLOYMENT DATES***

Current or Last Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ Enlistment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
*(If other than honorable, please explain)* \_\_\_\_\_