

S.W. Rehabilitation Associates, Ltd.
Application for Employment

Name: (first)	(middle)	(last)	Date:
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Street:	Primary Phone: ()
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City:	State:	ZIP:	Secondary Phone: ()
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Email:

EMPLOYEE REPRESENTATIONS

State why you would like to work for Southwest Rehabilitation and what you can bring to the company.

GENERAL EMPLOYMENT INFORMATION

Do you have relatives or friends employed here? Yes No **Name/Relationship:**

Do you have a valid driver's license? Yes No **Driver's license number:**
State of issue:

Have you been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation (excluding any sealed or expunged convictions)? (NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense.)

Southwest Rehabilitation is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

GENERAL EMPLOYMENT INFORMATION

Position applied for:

Salary Desired:

Are you 18 yrs or older: [] Yes [] No

Are you employed now? [] Yes [] No

May we contact your present employer? [] Yes [] No

On what date would you be available to work?

*Have you filed an application here before? [] Yes [] No
If Yes, give date:*

Will you work nights? [] Yes [] No Will you work overtime? [] Yes [] No Will you work weekends? [] Yes [] No

Days of week you are available to work?

*Are you available to work the hours required for the position for which you are applying?
If not, what hours can you work?*

What foreign language(s) do you speak fluently?

Read?

Write?

EDUCATION

	<i>Name & Address of School</i>	<i>Course of Study</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>
<i>Elementary School</i>				
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate Professional</i>				
<i>Trade/Technical/ Correspondence School</i>				
<i>Other (specify)</i>				

EDUCATION CONTINUED

Describe any specialized training, apprenticeship, skills and extra-curricular activities. You may exclude organizations which indicate race, color, creed, religion, sex, age, sexual preference, national origin, citizenship, marital status, disability, veteran status, or any other status or characteristic protected under applicable federal, state or local laws.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

<i>Employer:</i>	<i>Phone:</i>	<i>Dates Employed</i>	<i>Hourly Rate/Salary</i>
<i>Address:</i>		<i>From:</i>	<i>Starting:</i>
<i>Job Title:</i>	<i>Supervisor:</i>	<i>To:</i>	<i>Final:</i>
<i>Reason for leaving:</i>			

<i>Employer:</i>	<i>Phone:</i>	<i>Dates Employed</i>	<i>Hourly Rate/Salary</i>
<i>Address:</i>		<i>From:</i>	<i>Starting:</i>
<i>Job Title:</i>	<i>Supervisor:</i>	<i>To:</i>	<i>Final:</i>
<i>Reason for leaving:</i>			

EMPLOYMENT EXPERIENCE (CONTINUED)

<i>Employer:</i>	<i>Phone:</i>	<i>Dates Employed</i>	<i>Hourly Rate/Salary</i>
<i>Address:</i>		<i>From:</i>	<i>Starting:</i>
<i>Job Title:</i>	<i>Supervisor:</i>	<i>To:</i>	<i>Final:</i>
<i>Reason for leaving:</i>			
<i>Employer:</i>	<i>Phone:</i>	<i>Dates Employed</i>	<i>Hourly Rate/Salary</i>
<i>Address:</i>		<i>From:</i>	<i>Starting:</i>
<i>Job Title:</i>	<i>Supervisor:</i>	<i>To:</i>	<i>Final:</i>
<i>Reason for leaving:</i>			

**PROFESSIONAL REFERENCES
LIST SUPERVISORS or CO-WORKERS ONLY**

<i>1) Name:</i>	<i>Phone:</i>
<i>Address:</i>	
<i>2) Name :</i>	<i>Phone:</i>
<i>Address:</i>	
<i>3) Name:</i>	<i>Phone:</i>
<i>Address:</i>	

PROFESSIONAL QUESTIONNAIRE

1. Have you ever had or is there a pending professional license suspension or revocation? Yes No N/A
2. Has your professional license ever been under restriction or review? Yes No N/A
3. Do you have any past or pending malpractice or liability insurance claims? Yes No N/A
4. Have you ever been restricted or denied from providing services to Medicare, Medicaid, Champus, Champ VA or Railroad Retirement Board? Yes No N/A

APPLICANT'S STATEMENT

- 1) All information given by me in this application is true and correct. False information (misrepresentation or omission of information called for) is a basis for dismissal. I authorize investigation of all information contained herein and specifically authorize the employers and references to give you any and all information concerning me and, by doing so, release all persons from any liability for any damage that may result from furnishing same to you.
- 2) I understand that the Southwest Rehabilitation may perform Motor Vehicle Record checks.
- 3) In consideration for my employment, I agree to conform to the policies, practices, rules/regulations and guidelines which may be changed from time to time. I further agree that my employment (and the terms and benefits provided to me) is not intended, and does not, constitute any contractual relationship and is for no definite period of time and is terminable by myself or the company with or without notice and without cause. No oral statements or representation made either before or during employment can change or modify this non-contractual and at-will relationship.
- 4) In further consideration for my employment, I understand and agree that there are other forms, statements, and provisions that have to be completed and agreed to, and those forms, statements, and provisions are part of this application and will be included within my employment records.

Signature of Applicant

Date