



REHABILITATION HOSPITAL

In Affiliation with Centerre Healthcare

METHODIST REHABILITATION HOSPITAL

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

DATE

INSTRUCTIONS

Please print in ink or type. Please answer all questions truthfully and accurately. Resumes are not a substitute for an application but may be enclosed. Any false statement or omission may be grounds for not being hired, or if hired, immediate dismissal. We consider all applicants solely on the basis of qualifications for the position for which application is made, without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. Application is considered active for 90 days from date of receipt.

PERSONAL INFORMATION

Last Name First MI

Street Address

City State Zip

Phone Best Time to Call

Alternate Number Best Time to Call

Email Social Security Number

If hired, would you be able to submit verification that you are entitled to work in the United States? Are you 18 or over?

POSITION INFORMATION

Position Desired Hourly Rate Desired

Type of employment: FT PT PerDiem Weekend Only

Hours available (Check all that apply): Day 8A-5P Day 7A-7P Night 7P-7A

EDUCATION

Do you have a high school diploma or GED? Yes No

Table with 5 columns: Education Level, Graduate?, Date, Degree, Major. Rows include College, Post-Graduate, and Other.

EMPLOYMENT HISTORY

Please begin with your most recent employer, and provide information for the past seven years.

Employer _____ Main Phone Number _____

Address _____

Employed From _____ to _____ Starting Salary _____ Ending Salary _____

Supervisor Name/Title _____

Direct Phone Number

Your Title/Duties _____

Reason for Leaving _____ May we contact? Yes No

Employer _____ Main Phone Number _____

Address _____

Employed From _____ to _____ Starting Salary _____ Ending Salary _____

Supervisor Name/Title _____

Direct Phone Number

Your Title/Duties _____

Reason for Leaving _____ May we contact? Yes No

Employer _____ Main Phone Number _____

Address _____

Employed From _____ to _____ Starting Salary _____ Ending Salary _____

Supervisor Name/Title _____

Direct Phone Number

Your Title/Duties _____

Reason for Leaving _____ May we contact? Yes No

Employer _____ Main Phone Number _____

Address _____

Employed From _____ to _____ Starting Salary _____ Ending Salary _____

Supervisor Name/Title _____

Direct Phone Number

Your Title/Duties _____

Reason for Leaving _____ May we contact? Yes No

Please explain any gaps in employment history. If additional space is needed, continue on the reverse side of this page.

TRAINING/EXPERIENCE

Please list any/all licenses, certifications, or registrations issued to you.

License/Certification/Registration	State	Number	Year Issued	Expiration Date

CPR _____
Expires

BLS _____
Expires

ACLS _____
Expires

Foreign Languages Spoken

Language _____ Speak Read Write

Language _____ Speak Read Write

PROGRAM KNOWLEDGE

Please list any office software/equipment that may be appropriate to the position for which you are applying: (Word, Excel, PowerPoint, Filemaker Pro, Access, 10-key, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If answer yes to any of the following, provide explanation on reverse side:

- Have you ever been convicted of, or received deferred adjudication for any criminal offense, other than minor traffic violations? Yes No
- Have you ever been excluded, suspended, or debarred from, or otherwise been declared ineligible to participate in the Medicare, Medicaid, or any other federally funded health care program? Yes No
- If you hold a professional license or certification, is that license or certification in good standing? Yes No
Has it ever been restricted in any way? Yes No
- Have you ever been disciplined in any way? (*Censure, Civil Penalty, Probation, Suspension, Revocation, Voluntary Surrender, Denied or Cease and Desist*)? Yes No

If yes to any of the above, please attach the document provided by the State Board as to the description of the offense and the document that identifies the results.

(A conviction will not necessarily be a bar to employment and factors including time of offense, seriousness and nature of the violation may be taken into consideration.)

PROFESSIONAL REFERENCES (List at least 3 BUSINESS references)

Name	Company	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT ACKNOWLEDGEMENTS

- I certify that the information provided in this application for employment is true, correct, and complete.
- I further acknowledge and understand that any misstatements or omission of fact may result in my termination.
- I authorize investigation of all statements in this application including, but not limited to, the company or a third-party contractor, contacting employers, references and educational institutions to verify information.
- I acknowledge and understand that I must take and pass a pre-employment drug screen for illegal drugs and controlled substances and remain free of same and alcohol in the work place; and that refusal to complete the pre-employment substance abuse screening will prevent me from being employed.
- I agree to hold the company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for prohibited substance use.
- I understand that I am required to report all known or suspected violations of state and federal laws including any form of abuse.
- I understand that an investigative consumer report may be requested in connection with my application for employment, and that if employment is denied because of information in such a report, a disclosure of this fact will be made to me.

I further certify that I have read the foregoing statements and agree to the terms therein by setting forth my signature below.

APPLICANT SIGNATURE

DATE