



1. Position you are applying for: \_\_\_\_\_

2. Social Security Number: (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

(Last)

(First)

(M.I.)

4. Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

5. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Highest Level of Education Received:  High School Diploma  Associates Degree  Bachelors Degree  Masters/other

9. Experience: *Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.*

a. Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact your supervisor?  Yes  No

Describe Special Skills/Achievements: \_\_\_\_\_

b. Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact your supervisor?  Yes  No

Describe Special Skills/Achievements: \_\_\_\_\_

c. Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact your supervisor?  Yes  No

Describe Special Skills/Achievements: \_\_\_\_\_

10. References:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. Professional License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

12. CPR Certified:  Yes  No

13. AED Certified:  Yes  No

14. Interested in (check all that apply):  Full Time  Part Time  Mornings  Evenings  Doesn't Matter

15. Have you ever been convicted for any violation of the law?  Yes  No

If Yes, description of offense: \_\_\_\_\_

16. When will you be available to start work? Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

17. *I hereby certify that all entries are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause the forfeiture on my part of any employment in the service of the RehabGYM. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employees and educational institutions listed regarding this application. I further authorize the RehabGYM to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or drop this application off at any one of our locations, fax it to (802) 876-6000, or email it to sharon.gutwin@rehabgym.com**