



Application for Employment

1. Position you are applying for: _____
3. Social Security Number: (optional) _____ - _____ - _____
4. Full Legal Name: _____
(Last) (First) (M.I.)
5. Address: _____
(Street) (City) (State) (Zip)
6. Home Phone: (____) _____ - _____
7. Other: (____) _____ - _____
8. E-mail Address: _____
9. Highest Level of Education Received: High School Diploma Associates Degree Bachelors Degree Masters / other
10. 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: _____

11. References:

1. _____ Phone Number: _____
2. _____ Phone Number: _____
3. _____ Phone Number: _____

12. Professional License:

Type: _____ License Number: _____

13. CPR Certified: Yes No

14. AED Certified: Yes No

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

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

If Yes, description of offense: _____

17. When will you be available to start work? Date: _____ Month: _____ Year: _____

18. *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: _____