

**EMPLOYMENT APPLICATION**

Thank you for applying for employment at Continuum Rehabilitation, LLC (“Company”). In order to process your application, please answer all questions. Resumes are not accepted in lieu of completion of this application. If you have a current resume, please attach to this application. Complete your name and Social Security number exactly as they appear on your Social Security card. This application was designed to be used with several types of job positions, so some questions may not be completely applicable to the job position you are seeking. However, we ask that you answer all questions.

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Notify In Case of Emergency \_\_\_\_\_

Employment Interest:

Full-Time  Part-Time  PRN

Availability: Days (Please circle) Mon Tues Wed Thurs Fri Sat Sun

Discipline:  PT  PTA  OT  COTA  SLP  MSW

Setting:  Home Health  Inpatient  Outpatient  SNF/ALF

Have you ever applied with or been employed by Continuum Rehabilitation or TriPoint Healthcare before?

Yes  No If Yes, give date: \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name, City and State for Each School	# of Years Completed	Month/Year Graduated	Diploma, Degrees Received
College				
Graduate School				
Other				

**LICENSURE**

(Include all photocopies of all licenses held)

State	License	Exp. Date	State	License	Exp. Date

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**EMPLOYMENT RECORD**

PREVIOUS JOBS: Account for all time periods including unemployment, self-employment and military service. Please document reasons for periods you were not employed. For additional space please attach a separate sheet to this application.

Facility/ Employer _____	Dept/Unit _____
Street Address _____	City _____ State _____ Zip _____
Dates employed: From _____ To _____ Reason for leaving _____	
Position held _____	
Supervisor's name and title _____ Phone _____	
Salary: Starting _____ Ending _____ Job Duties _____	
Facility/ Employer _____	Dept/Unit _____
Street Address _____	City _____ State _____ Zip _____
Dates employed: From _____ To _____ Reason for leaving _____	
Position held _____	
Supervisor's name and title _____ Phone _____	
Salary: Starting _____ Ending _____ Job Duties _____	
Facility/ Employer _____	Dept/Unit _____
Street Address _____	City _____ State _____ Zip _____
Dates employed: From _____ To _____ Reason for leaving _____	
Position held _____	
Supervisor's name and title _____ Phone _____	
Salary: Starting _____ Ending _____ Job Duties _____	

**APPLICANT'S STATEMENT**

I understand that misrepresentation, omission of facts, or incomplete information requested may result in my not being considered for employment.

I certify all statements given herein are true and complete and, if employed, I understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

**I authorize investigation of all statements contained in this application and any attachments for employment including contact of my previous employers, verification of education, a criminal background check, driver's license history and any other information as may be necessary in arriving at an employment decision. I hereby release the Company and all persons and organizations from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.**

If employed I understand that my employment is for no definite period. I understand and agree that any company documents including written personnel policies or employee handbooks now in effect, or to be issued at any later time, are not contracts of employment for a definite duration and that my employment is at-will, which means that either I or the Company can terminate the employment relationship at any time for any reason. I further understand that only the President of the Company has any authority to enter into any agreement for employment with me for any specified period of time; that such agreement must be in writing and signed by the President; and that all other statements to the contrary, whether oral or written, are of no force and effect.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_