



**APPLICATION FOR EMPLOYMENT**

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

TRUREHAB LLC is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of any legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on TRUREHAB LLC. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

<b>GENERAL INFORMATION</b>			
Full Name _____		Date _____	
FIRST	MIDDLE	LAST	
Maiden Name _____		Social Security #: _____	
Address _____			
STREET	CITY	STATE	ZIP
Contact Number ( ) _____		Date available for work _____	
Alternate Contact Number ( ) _____		E-mail _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)			
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If under the age 18, please state your age. _____			
How were you referred to TRUREHAB LLC? _____			
<b>POSITION INFORMATION</b>			
Type of work desired? _____		Salary range expected (required) _____	
Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN			
<b>Special Skills and Qualifications:</b> List any work related certifications or licenses you currently possess.			
Skill/Qualification:			
License/Certificate Number:	State:	Exp. Date:	
Skill/Qualification:			
License/Certificate Number:	State:	Exp. Date:	
Skill/Qualification:			
License/Certificate Number:	State:	Exp. Date:	

For the purpose of verifying information on this application, have you ever attended school or worked under a different name(s) at any of the organizations you have listed.  Yes  No If yes, specify name:

**EDUCATION**

Type of School	School Name and Location	Highest Grade Completed	Year Completed	Course of Study or Major
High School				
College or University				
Graduate School				

**PROFESSIONAL REFERENCES**

List five professional references (other than those listed as current/former supervisor) that we may contact:

Name	Telephone No. ( )
Company Name	Type of Acquaintance
Name	Telephone No. ( )
Company Name	Type of Acquaintance
Name	Telephone No. ( )
Company Name	Type of Acquaintance
Name	Telephone No. ( )
Company Name	Type of Acquaintance
Name	Telephone No. ( )
Company Name	Type of Acquaintance

List any relatives who are currently employed by the Company:

Name(s):	Relationship:
----------	---------------

How many days were you absent from work during the past two years for reasons other than for paid holidays and vacation?

Year \_\_\_\_\_ No. of days absent: \_\_\_\_\_

Year \_\_\_\_\_ No. of days absent: \_\_\_\_\_

### EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. **Résumés may not be substituted in lieu of completing the following employment information.**

Current Employer	Telephone (    )
Address	Dates of Employment
Your Position	Phone Number
Supervisor's Name/Title	Reason(s) for Leaving
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, why?	Primary Responsibilities
Previous Employer	Telephone (    )
Address	Dates of Employment
Your Position	Phone Number
Supervisor's Name/Title	Reason(s) for Leaving
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, why?	Primary Responsibilities
Previous Employer	Telephone (    )
Address	Dates of Employment
Your Position	Phone Number
Supervisor's Name/Title	Reason(s) for Leaving
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, why?	Primary Responsibilities
Please, account for any gaps in employment:	
During the past seven (7) years, have you ever been discharged, suspended or asked to resign from any position? If yes, please explain:	

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work.

\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with TRUREHAB LLC.

\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects. I authorize TRUREHAB LLC and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

**I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party.**

\_\_\_\_\_ Initials

**I understand that no representation, whether oral or written, by any representative or agent of TRUREHAB LLC, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of TRUREHAB LLC has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.**

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

**Excluding Illinois Applicants:** Do you have a record of founded child abuse or a record of dependent adult abuse, or have you been convicted of a crime other than a simple misdemeanor offense related to motor vehicles and laws of the road?  Yes  No

Note: An offer of employment is conditioned upon complying with TRUREHAB LLC's requirements including, but not limited to signing a consent to conduct a background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_