

# Pro Motion Rehab Employment Application

<b>Personal Information</b>					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Cell Phone number		E-mail address			
Social security number		Date Of Birth (Optional)			
Driver's License Number and copy of Auto Insurance <i>(if job involves driving)</i>					
<b>Employment Desired</b>					
Position applied for					
How did you hear about this position?		Compensation Expected (Hourly Rate)			
Date available for work		Desired hours (full time, part time, etc.)			
<b>Education</b>					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):					
.....					
.....					

# Employment Application

## Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip		Starting Salary	Ending Salary	1.
	Phone number				2.
	Fax number		Supervisor(s)		3.
	Job position(s)		E-mail address of supervisor		4.
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip		Starting Salary	Ending Salary	1.
	Phone number				2.
	Fax number		Supervisor(s)		3.
	Job position(s)		E-mail address of supervisor		4.
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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[PLEASE CONTINUE ON NEXT PAGE]

# Employment Application

## Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers? ----- -----			
4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers? ----- -----			

**Employment Application**

**Additional Information**

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to our company?:

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Describe what you believe are the most unique features of your work history:

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## Employment Application

### Additional Information

Have you ever been employed with this company before?  Yes  No

If Yes, when? .....

Would you be willing to allow us to perform a background check?  Yes  No

If No, please explain: .....

Are you currently employed?  Yes  No

May we contact your employer?  Yes  No

Are you currently on "lay off" status and subject to recall?  Yes  No

Are you over the age of 18 and eligible to work without parental consent?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?  Yes  No

If Yes, please explain: .....

If hired, are you willing to relocate to North Carolina?  Yes  No

If yes, would you require relocation assistance?  Yes  No

If you require relocation assistance, what type of assistance would you require?

If hired, do you have a reliable means of transportation to and from work?  Yes  No

If hired, would you be able to work overtime if needed?  Yes  No

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If Yes, please explain:

**Employment Application**

**References**

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone/Cell Phone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone/Cell Phone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone/Cell Phone	E-mail	Relationship & years acquainted

**Additional Space**

Additional space provided to expand on any points or questions asked previously in this application


***PLEASE USE ADDITIONAL PAPER IF NECESSARY***

# Employment Application

*Please read each statement closely and initial each acknowledging your understanding*

## **Equal Employment Opportunity Statement**

\_\_\_\_\_ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

## **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

## **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

## **Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

# Employment Application

For Personnel Department Use Only

## INTERVIEW CHECKLIST

Applicants Name: \_\_\_\_\_

1. Application reviewed \_\_\_\_\_ by \_\_\_\_\_  
on \_\_\_\_\_
2. Denial letter sent \_\_\_\_\_
3. Interview letter sent \_\_\_\_\_
4. Interview scheduled \_\_\_\_\_  
for \_\_\_\_\_

## ADDITIONAL NOTES:



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