



## EMPLOYMENT APPLICATION

Rochester Rehabilitation considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, mental or physical disability, or any other legally protected status.

<b>PERSONAL</b>	Last Name		First	Middle	Date	
	Street Address				Home Telephone ( )	
	City, State, Zip				Business Telephone ( )	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____		Have you ever worked for our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when: _____		Expected Salary \$ _____	
	Position(s) Desired:				Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work:		Would you prefer full-time or part-time employment? <input type="checkbox"/> full-time <input type="checkbox"/> part-time			
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				When will you be available to begin work?	

<b>EDUCATION</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma
	Graduate College				
	College				
	Business/Trade/Technical				
	High School				

<b>SKILLS</b>	<p>Please list other special training or job related skills, for example: languages, research work, manual communication, license, certification, typing speed, ability to transcribe dictation, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<b>EMPLOYMENT HISTORY</b>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
1.	Company Name: _____ Location: _____ Dates of Employment: (month and year) _____ Salary: Start \$ _____ Last _____ Name of Supervisor: _____ Telephone #: (_____) _____ State Job Title and Describe Your Work: _____ _____ Reason for Leaving: _____ May We Contact Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Company Name: _____ Location: _____ Dates of Employment: (month and year) _____ Salary: Start \$ _____ Last _____ Name of Supervisor: _____ Telephone #: (_____) _____ State Job Title and Describe Your Work: _____ _____ Reason for Leaving: _____ May We Contact Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Company Name: _____ Location: _____ Dates of Employment: (month and year) _____ Salary: Start \$ _____ Last _____ Name of Supervisor: _____ Telephone #: (_____) _____ State Job Title and Describe Your Work: _____ _____ Reason for Leaving: _____ May We Contact Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

*(If you have further employment, continue on a separate sheet of paper or attach a copy of your resume.)*

<b>REFERENCES</b>	Give name, address and phone number of three professional references. State your association with the person.
1. _____	_____
2. _____	_____
3. _____	_____

<b>SIGNATURE</b>
By my signature, I affirm that the information provided in this Employment Application is true, correct and complete. I understand that if employed, any material misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon Rochester Rehabilitation to continue to employ me in the future. Similarly, I understand that, if hired, my relationship with Rochester Rehabilitation shall be "employment at will," whereby I could be subject to discharge for any reason, so long as no federal or state statute is violated.
I authorize Rochester Rehabilitation to conduct background checks on my criminal record as it deems necessary to provide for a safe working environment for its employees and consumers. I authorize Rochester Rehabilitation to contact any of my schools or former employers, except those I have indicated.
Signature _____ Date _____