



EDUCATION HISTORY

	Name	Location	Courses	Diploma, Degree
High School				
College				
Graduate School				
Vocational				

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	State	Organization	Issue Date	Expiration	Number

EMPLOYMENT HISTORY

(List most recent employer first)

1. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Hourly Rate: Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No If "No" explain \_\_\_\_\_

\_\_\_\_\_

2. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Hourly Rate: Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No If "No" explain \_\_\_\_\_

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3. Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

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Position/Title \_\_\_\_\_ Salary/Hourly Rate: Starting \_\_\_\_\_ Final \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No If "No" explain \_\_\_\_\_

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MISCELLANEOUS INFORMATION

Have you ever been convicted or pleaded guilty to a crime other than a misdemeanor or summary offense?

\_\_\_ Yes \_\_\_ No If Yes, please explain \_\_\_\_\_

Would you be able to serve as an interpreter of a foreign or sign language? \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

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MILITARY STATUS

Have you ever served in the U.S. Armed forces?

\_\_\_ Yes \_\_\_ No BRANCH: \_\_\_\_\_

I certify that all statements made by me on this application are true and correct to the best of my knowledge.

I AUTHORIZE: PROFESSIONAL THERAPY AND REHAB SERVICES, INC.

To make a through investigation of my previous employment history and all other facts stated on my application for employment. I understand that a complete background screening will be conducted as a prerequisite for employment to include license/certification verification, criminal background check and abuse screening in order to determine whether the minimum standards of good moral character for home health agency personnel have been satisfied. Subsequently, background/license failures could result in termination of employment if found to be in non-compliance with the minimum standards of good moral character. I hereby release from liability or responsibility all individuals, business establishment, employer, educational institutions and/or agencies supplying such information.

If I am employed, I agree to abide by the policies and rules outlined by the employer. My employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either employer or myself. I understand that no employee or a representative of employer, other than the President, has the authority to enter into any agreement or contract for employment for any specified period of time or to make any employment agreement or contract contrary to the forgoing.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_