

Medical Rehabilitation Consultants is an Equal Opportunity Employer and does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, parental status, military service, or other non-merit factor.

# MEDICAL REHABILITATION CONSULTANTS, INC.

## APPLICATION FOR EMPLOYMENT

### Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Have you ever worked here before? Yes [ ] No [ ] If yes, dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Clinical License or Board Registration Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Employment Position Desired

Position Type \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Type of Employment Desired? Full-Time [ ] Part-Time [ ] Temporary [ ] Referred by \_\_\_\_\_

### Education Background

(List the last 3 schools you attended, starting with the most recent)

School Name & Address	Degree/Diploma	Major

List any foreign language(s) you are fluent in, and check the boxes that describe your skill:

Language \_\_\_\_\_ Read [ ] Write [ ] Speak [ ]      Language \_\_\_\_\_ Read [ ] Write [ ] Speak [ ]

### Professional References

(List the names and telephone numbers of three professional references, not including relatives)

Name & Address	Relationship	Telephone Number	Years Known

Are you legally eligible for employment in the United States?.....Yes [ ] No [ ]  
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you ever been bonded?.....Yes [ ] No [ ]

## **Employment History**

(Please complete in addition to resume)

From: Month / Year	Employer Name:	Phone Number:	Job Title:
To: Month / Year	Employer Address:	Reason for Leaving:	OK to Check References? Yes [ ] No [ ]

From: Month / Year	Employer Name:	Phone Number:	Job Title:
To: Month / Year	Employer Address:	Reason for Leaving:	OK to Check References? Yes [ ] No [ ]

From: Month / Year	Employer Name:	Phone Number:	Job Title:
To: Month / Year	Employer Address:	Reason for Leaving:	OK to Check References? Yes [ ] No [ ]

From: Month / Year	Employer Name:	Phone Number:	Job Title:
To: Month / Year	Employer Address:	Reason for Leaving:	OK to Check References? Yes [ ] No [ ]

**Comments** (Including explanation of any gaps in employment)

\_\_\_\_\_  
\_\_\_\_\_  
List any additional information you would like us to consider:  
\_\_\_\_\_  
\_\_\_\_\_

### **APPLICANT STATEMENT**

I certify that all facts contained in this application are true and complete and acknowledge that Employer is relying on the accuracy of the information provided. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I have read the job description and physical job requirements for the position for which I am applying, and I believe I can perform all job duties as described. I understand I should notify the interviewer if I need assistance in completing the application process.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. I authorize former employers and other institutions listed to release information concerning me to Employer. I also authorize Employer to provide information about me in response to inquiries subsequent to my employment if hired.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to complete a new application.

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