

Education

| School Name | Location Of School | Course of Study | Years Completed | Degree/Diploma |
|-------------------------|--------------------|-----------------|-----------------|----------------|
| College: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Vo-Tech or Trade: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| High School: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List continuing education courses or other special training received:

Employment

List the last 10 years of your employment history, starting with your most recent employer.

| | |
|---|----------------------------|
| Company Name: _____ | Telephone: _____ |
| Address: _____ | Dates of Employment: _____ |
| Name of Supervisor: _____ | From: _____ To: _____ |
| Job Title and description of your duties: _____ | Starting Pay: _____ |
| _____ | Ending Pay: _____ |
| _____ | Reason For Leaving: _____ |
| _____ | _____ |

Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
Name of Supervisor: _____ From: _____ To: _____
Job Title and description of your duties: _____ Starting Pay: _____
_____ Ending Pay: _____
_____ Reason For Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
Name of Supervisor: _____ From: _____ To: _____
Job Title and description of your duties: _____ Starting Pay: _____
_____ Ending Pay: _____
_____ Reason For Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Dates of Employment: _____
Name of Supervisor: _____ From: _____ To: _____
Job Title and description of your duties: _____ Starting Pay: _____
_____ Ending Pay: _____
_____ Reason For Leaving: _____

Other name(s) used during employed listed above? _____

Are you currently employed? Yes No If Yes, may we contact them? Yes No

Do you have reliable transportation if required? Yes No

Have you been involuntarily terminated from any prior employment? Yes No

Explain _____

Licensure and Certification

List all states in which you are licensed.

Lic. Type _____ State _____ # _____ Issued _____ Expiration _____

Lic. Type _____ State _____ # _____ Issued _____ Expiration _____

Lic. Type _____ State _____ # _____ Issued _____ Expiration _____

List all certifications such as CPR, ACLS, PALS, etc.

Certification _____ Issued _____ Expiration _____

Certification _____ Issued _____ Expiration _____

Certification _____ Issued _____ Expiration _____

Member of the following professional association(s):

Professional References

Persons who can furnish information about your job performance, do not list relatives.

1. Name: _____ Telephone Number: _____

Relationship: _____

2. Name: _____ Telephone Number: _____

Relationship: _____

3. Name: _____ Telephone Number: _____

Relationship: _____

General Information

Have you ever been convicted of a felony? Yes No

If yes, list date and nature of conviction:

Describe the situation _____

Have you been convicted of a misdemeanor in last 7 years including DUIs? Exclude marijuana convictions for which probation was completed and the case was dismissed.

If yes, list date and nature of conviction:

Describe the situation _____

(Conviction will not necessarily disqualify an applicant from employment)

Signature

Initials _____ I realize that staffing needs may require me to work extra days or take low census days.

Initials _____ I realize that if an offer of employment is made to me, I will be required to provide a health exam and negative TB test within the last six months.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application **shall be grounds for immediate dismissal.**

I authorize complete investigation of all statements contained herein and hereby give my full permission for Professional Home Care Associates/Neurosport Rehabilitation Associates to contact and fully discuss my background and history with all persons and entities listed above to give Professional Home Care Associates/Neurosport Rehabilitation Associates any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for damage that may result from furnishing same to Professional Home Care Associates/Neurosport Rehabilitation Associates.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of that date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice with or without cause.

This application for employment shall be considered for employment beyond this time period in the event applications are not being accepted at that time.

Signature _____ Date: _____

My typed name above shall have the same force and effect as my written signature.