



Rehabilitative Services, Inc.
 4390 Buschor Road • Coldwater, Ohio 45828
 419-678-5125

EMPLOYMENT APPLICATION

EMPLOYEE INFORMATION

PLEASE PRINT • READ CAREFULLY • ANSWER ALL QUESTIONS

Date: _____

Name: _____ Phone Number: _____

Current Address: _____
No. Street City State Zip Maiden How long have you lived there: _____

Permanent Address: _____
No. Street City State Zip Are you 18 years of age or older? _____

In Case of Emergency Notify: _____ Relationship: _____

Address: _____ Phone: _____

EMPLOYMENT/PERSONAL DATA

Position Desired	Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Pay Range Expected \$ _____ to \$ _____
Date Available	Willing to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends		<input type="checkbox"/> On Call <input type="checkbox"/> Summer Only

Have you filled out an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you a citizen of the United States? Yes No

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, list name(s): _____

Are you on lay-off and subject to recall? Yes No

Have you been convicted of a felony within the last 5 years? Yes No

If yes, explain: _____

EDUCATIONAL DATA

Circle Highest Educational Level Completed:																			
Elementary 1 2 3 4 5 6 7 8								High 1 2 3 4				College 1 2 3 4				Graduate 1 2 3 4			
School	Name of School	Location		Graduated Yes No		Courses													
High School																			
College(s)	(1)																		
	(2)																		
Graduate																			
Technical or Professional																			
Other																			

Degree: _____ Major Field: _____

Are you now studying? Yes No What?: _____

PERSONAL REFERENCES (not employer or relative)

Name/Occupation	Address	Phone	Business

WORK HISTORY

(Record U.S. Military Services as a position)

List below the names of all your former employers, beginning with the most recent: a. Employer's Name b. Address/Phone Number	Time Employed				Job Title Nature of Work	Starting Salary	Final Salary	Reason for Leaving	Name of Immediate Supervisor (Title)
	From		To						
	Mo	Yr	Mo	Yr					
1) a.									
b.									
2) a.									
b.									
3) a.									
b.									
4) a.									
b.									

Indicate by number _____ the above employers whom you do not wish us to contact.

Please explain: _____

SPECIAL SKILLS AND ABILITIES

Do you type? Yes No WPM: _____

Office machines you can operate skillfully: _____

Do you have a working knowledge of Medical Terminology? Yes No

List any foreign language spoken fluently: _____

Describe in detail your knowledge and competency of computers: _____

Software programs you are proficient in: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verif.

Write any additional information which you feel might affect your application: _____

APPLICANT S CERTIFICATION

READ CAREFULLY BEFORE SIGNING: I certify that the answers given by me to the foregoing questions and statements are true and correct. I agree that Rehabilitative Services, Inc. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this questionnaire. I expressly authorize Rehabilitative Services, Inc. to check my employment references to determine my suitability for employment. I also authorize the companies, schools, or persons named to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damages for issuing this information.

I understand that my employment with Rehabilitative Services, Inc. is contingent upon the satisfactory recommendations from former employers and references. Any offer of employment is contingent upon a satisfactory background check and drug screen. Rehabilitative Services, Inc. reserves the right to withdraw an offer of employment depending on any additional information obtained from an authorized background check or due to a positive drug screen.

I agree that any claim or lawsuit relating to my service with Rehabilitative Services, Inc. or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of Rehabilitative Services, Inc. at any time in the future, this application of employment will become a part of my official employment record. I future acknowledge that Rehabilitative Services, Inc. will be relying on this information contained in this application in any hiring decisions and that I am contractually bound by the terms contained herein.

Date: _____ By typing my name here I verify that the above information is accurate _____

Please scan and send completed application via email to rjhibner@yahoo.com or fax to 419-678-4200.