Mobile Rehab
PHYSICAL THERAPY

EMPLOYMENT APPLICATION

Referral Source_____

POSITION APPLYING FOR		TODAY'S DATE	
LAST NAME	FIRST NAME	DATE OF BIRTH	
STREET ADDRESS		CITY	ZIP
HOME PHONE	CELL PHONE	FAX NUMBER	
WIRELESS CARRIER ❑ AT&T ❑ Verizon ❑ T-Mobile ❑ Sprint ❑ Other		TEXT MESSAGE OKAY? ❑ Yes ❑ No	
EMAIL ADDRESS			
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	REGISTRATION CURRENT? ❑ Yes ❑ No
LANGUAGE(S) (OTHER THAN ENGLISH)		FLUENCY ❑ Speak ❑ Read ❑ Write	
EMERGENCY CONTACT	RELATIONSHIP	PHONE	

EDUCATIONAL BACKGROUND

NAME OF SCHOOL	LOCATION OF INSTITUTION	YEAR GRADUATED	DEGREE OBTAINED

LICENSE/CERTIFICATION INFORMATION

TYPE	STATE	LICENSE/CERTIFICATE NUMBER	EXPIRATION DATE

Has your license ever been investigated or suspended for any reason? ..... ❑ Yes* ❑ No Have you ever been convicted of a felony? ..... ❑ Yes* ❑ No Have you ever been a defendant in a malpractice lawsuit? ..... ❑ Yes* ❑ No **If you answered **"YES"** to any of the above, please explain in detail on a separate sheet.*

PERSONAL/PROFESSIONAL REFERENCES

NAME		RELATIONSHIP	
LENGTH OF ACQUAINTANCE	COMPANY	PHONE	
ADDRESS		CITY	ZIP CODE
NAME		RELATIONSHIP	
LENGTH OF ACQUAINTANCE	COMPANY	PHONE	
ADDRESS		CITY	ZIP CODE

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EMPLOYMENT HISTORY: Please list most recent employment first (use a separate sheet for employment history, as needed)

Are you currently employed? ❑ Yes ❑ No		May we contact your employee? ❑ Yes ❑ No	
FACILITY NAME		POSITION	
ADDRESS		CITY	ZIP CODE
PHONE NUMBER	SUPERVISOR'S NAME	DATES OF EMPLOYMENT	
SALARY	REASON(S) FOR LEAVING		
FACILITY NAME		POSITION	
ADDRESS		CITY	ZIP CODE
PHONE NUMBER	SUPERVISOR'S NAME	DATES OF EMPLOYMENT	
SALARY	REASON(S) FOR LEAVING		
FACILITY NAME		POSITION	
ADDRESS		CITY	ZIP CODE
PHONE NUMBER	SUPERVISOR'S NAME	DATES OF EMPLOYMENT	
SALARY	REASON(S) FOR LEAVING		

AVAILABILITY (Check all that apply)

Sunday .... ❑ AM ❑ PM
Monday .... ❑ AM ❑ PM
Tuesday .... ❑ AM ❑ PM
Wednesday .... ❑ AM ❑ PM
Thursday.. ❑ AM ❑ PM
Friday .... ❑ AM ❑ PM
Saturday .... ❑ AM ❑ PM

I understand that completion of this document does not guarantee my employment. I agree and authorize a background investigation as required by the Joint Commission and CMS prior to employment.

I authorize the release of this application and any pertinent information relating to my employment to Mobile Rehab Inc and any client facilities that I may be working. Furthermore, I give Mobile Rehab Inc authorization to verify all the information that I have provided and to conduct reference checks through past employers. I release all persons providing such information from any liability for providing this information.

I certify that the information provided in this document is true and complete. Any misrepresentation, omission, or falsification of facts in this document and supporting documents will result in immediate termination. I understand that if I am employed by Mobile Rehab Inc, I will be hired on a probationary/trial period of ninety (90) days.

Applicant Name (Please print)____Date_________________________

Applicant Signature ____

FOR OFFICE USE ONLY:

Application Received by: ____Date Received: ______________________

Background Check Completion Date: _________________________ Batch #: _____________________________

❑ Department of Consumer Affairs License confirmed (copy attached)

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