



**PRE-EMPLOYMENT APPLICATION**

Conditions of employment are stated at the end of this form. Please read carefully before signing this application. (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

**PERSONAL**

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG HOME TELEPHONE # ( )
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG MOBILE TELEPHONE # ( )

IF NO PHONE, HOW MAY WE CONTACT YOU?

EMAIL ADDRESS

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS?  YES  NO IF YES, NAME OF RELATIVE:

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?  YES  NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE?  YES  NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HOW WERE YOU REFERRED? \_\_\_\_\_  
 NEWSPAPER  EMPLOYEE REFERRAL  RECRUITER  WEBSITE  TEMP AGENCY  COLLEGE PLACEMENT  STATE EMPLOYMENT AGENCY

**GENERAL INFORMATION**

ARE YOU 18 YEARS OR OLDER?  YES  NO

PLEASE CHECK SCHEDULE AVAILABILITY :  
 I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (30 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS.  
 I AM AVAILABLE AND DESIRE TO WORK PART-TIME (LESS THAN 30 HOURS PER WEEK)  
 I AM ONLY AVAILABLE FOR PART-TIME BECAUSE:  STUDENT  OTHER JOB  OTHER:

DAYS AVAILABLE  MON  TUE  WED  THUR  FRI  SAT  SUN

**NOTE:** WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED: \$ \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  
 YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION?  YES  NO  
 (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?  YES  NO  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ENCORE PRE EMPLOYMENT APPLICATION CONTINUED

EMPLOYMENT HISTORY					
BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)					
<b>1 EMPLOYER INFO</b>		DATES MO/YR	WAGE INFO	JOB TITLE	REASON FOR LEAVING
NAME OF COMPANY		FROM /	STARTING SALARY	DESCRIBE JOB DUTIES	
ADDRESS		TO /	ENDING SALARY		
CITY, STATE, ZIP		TYPE OF BUSINESS		SUPERVISOR NAME/TITLE	
PHONE NO. ( )					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>2 EMPLOYER INFO</b>		DATES MO/YR	WAGE INFO	JOB TITLE	REASON FOR LEAVING
NAME OF COMPANY		FROM /	STARTING SALARY	DESCRIBE JOB DUTIES	
ADDRESS		TO /	ENDING SALARY		
CITY, STATE, ZIP		TYPE OF BUSINESS		SUPERVISOR NAME/TITLE	
PHONE NO. ( )					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>3 EMPLOYER INFO</b>		DATES MO/YR	WAGE INFO	JOB TITLE	REASON FOR LEAVING
NAME OF COMPANY		FROM /	STARTING SALARY	DESCRIBE JOB DUTIES	
ADDRESS		TO /	ENDING SALARY		
CITY, STATE, ZIP		TYPE OF BUSINESS		SUPERVISOR NAME/TITLE	
PHONE NO. ( )					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>4 EMPLOYER INFO</b>		DATES MO/YR	WAGE INFO	JOB TITLE	REASON FOR LEAVING
NAME OF COMPANY		FROM /	STARTING SALARY	DESCRIBE JOB DUTIES	
ADDRESS		TO /	ENDING SALARY		
CITY, STATE, ZIP		TYPE OF BUSINESS		SUPERVISOR NAME/TITLE	
PHONE NO. ( )					
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
EDUCATION					
NAME OF SCHOOL	CITY, STATE	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			1 2 3 4	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
GRADUATE SCHOOL			1 2 3 4	[ ] YES [ ] NO	
BUSINESS/TRADE/OTHER			1 2 3 4	[ ] YES [ ] NO	

ENCORE PRE EMPLOYMENT APPLICATION CONTINUED

**ATTENDANCE AND PUNCTUALITY INFORMATION**

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS COMPANY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU ARE OFFERED A JOB WITH THE COMPANY? [ ] YES [ ] NO  
 IF YES, PLEASE EXPLAIN:

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

**2 PROFESSIONAL REFERENCES AND 1 PERSONAL REFERENCE**

<b>1</b> REFERENCE NAME		TITLE/ RELATIONSHIP
HOME ADDRESS	BUSINESS PHONE ( )	
CITY, STATE, ZIP	HOME PHONE ( )	
		HOW LONG KNOWN
<b>2</b> REFERENCE NAME		TITLE/ RELATIONSHIP
HOME ADDRESS	BUSINESS PHONE ( )	
CITY, STATE, ZIP	HOME PHONE ( )	
		HOW LONG KNOWN
<b>3</b> REFERENCE NAME		TITLE/ RELATIONSHIP
HOME ADDRESS	BUSINESS PHONE ( )	
CITY, STATE, ZIP	HOME PHONE ( )	
		HOW LONG KNOWN

**NOTIFICATION AND AGREEMENT**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of Encore Rehabilitation, Inc. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

SIGNATURE:

DATE: