



INTERSTATE REHAB LLC

333 E. Glenoaks Boulevard, Suite 204 Glendale, CA 91207 • (818) 244-5656 • (818) 244-1102 Fax • Email: corporate@interstaterehab.com

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Social Security No. _____ Date: _____

Name _____ Telephone _____
Last Name First Name Middle Name

Present Address _____ Payer / Cellphone No. _____
Street Number and Name

City _____ State _____ Zip Code _____

Other names under which you have worked _____

Can you, after employment, submit verification of your legal right to work in the the U.S.? Yes No

Proof that you are at least 18 years of age? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No (Do not report convictions that have been sealed, expunged, or eradicated. Do not include misdemeanor marijuana convictions occurring more than two years ago.

If yes, please explain and state the charge, the court, the date and disposition of the case _____

Have you been convicted of a federal crime, as defined in 24 U.S.C. §1320 a-7 (I), or been excluded from Yes No participation in any federal or state healthcare program?

If yes, please explain and state the charge, the court, the agency that excluded you, and the and disposition of the case _____

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

If necessary, please describe what type(s) of reasonable accommodations are needed _____

Person to be notified in an emergency:

Name _____ Address _____ Telephone _____

POSITION DESIRED

Position applied for: _____ Salary Requirement: _____

Specify: Full-time Part-time Resource (Per Diem) Are you able to work overtime? Yes No

If part-time specify days and hours: _____

Have you ever worked here before? Yes No If Yes, when? _____

How were you referred to us? Advertisement _____ Employee _____

Other (Specify): _____

If an offer were extended, when would you be available for work? _____

Do you have a reliable method of transportation to and from work? Yes No

SKILLS INVENTORY: Place an X in the boxes to indicate experience in the following:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Outpatient Clinic | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Inpatient – Acute Floors | <input type="checkbox"/> Home Health | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Intermediate Care – DOU | <input type="checkbox"/> Adult Day Programs | |
| <input type="checkbox"/> ICU – CCU | <input type="checkbox"/> Cardiac Rehabilitation | |
| <input type="checkbox"/> Isolation Precautions | <input type="checkbox"/> Physician Practice | |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pulmonary Rehab | |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Skilled Nursing Facility / TCU | |

COMPUTER SKILLS: Place an X in the boxes to indicate experience in the following:

- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|------------------|
| OS | Word Processing | Spreadsheets: | Database: | Other Softwares: |
| <input type="checkbox"/> DOS | <input type="checkbox"/> MS Word | <input type="checkbox"/> Lotus | <input type="checkbox"/> MS Access | |
| <input type="checkbox"/> Windows | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> MS Excel | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Macintosh | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | | |

Typing Speed (wpm): _____

If it would be related to the job you are seeking, do you speak, read or write in any language other than English? Yes No

If yes, please describe _____

Professional Applicants Only: (Provide information applicable to position applying for)

Professional License No.	Type of License	Place of Issue	Expiration Date

Have your license been revoked, suspended or cancelled? _____ If Yes, by whom and when: _____

Membership(s) in Professional Organizations which may be applicable to the position you are applying for _____

Personal / Professional References (Please do not list relatives)

_____	_____	_____
Name and Occupation	Address, City, State, Zip	Phone Number
_____	_____	_____
Name and Occupation	Address, City, State, Zip	Phone Number
_____	_____	_____
Name and Occupation	Address, City, State, Zip	Phone Number
_____	_____	_____
Name and Occupation	Address, City, State, Zip	Phone Number

EDUCATION Please indicate the name under which you were enrolled if that name is different from your current name.

	Name of School and Address	No. of Years	Courses or Major	Degree or Diploma	Mo./Year Received
High School					
College/University					
Trade School					
Continuing Education and/or Special Courses					

EMPLOYMENT HISTORY (Must be completed in full)

Are you presently employed? Yes No

May we contact your present employer? Yes No

List below ALL work experience beginning with the most recent job. (Use separate sheet or paper for additional employment information)

In order to verify information, please indicate the name under which you were employed if that name is different.

From	To	Name and Address of Employer		Job Title and Duties
Mo./Yr.	Mo./Yr.	Name		
		Address		
Starting Salary	Final Salary	City	State	
		Zip	Phone	
Supervisor's Name and Position:			Scheduled Hours Per Week	
Reason for Leaving:				

From	To	Name and Address of Employer		Job Title and Duties
Mo./Yr.	Mo./Yr.	Name		
		Address		
Starting Salary	Final Salary	City	State	
		Zip	Phone	
Supervisor's Name and Position:			Scheduled Hours Per Week	
Reason for Leaving:				

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Mo./Yr.	Mo./Yr.	Name		
		Address		
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		Zip	Phone	
Supervisor's Name and Position:			Scheduled Hours Per Week	
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From	To	Name and Address of Employer		Job Title and Duties
Mo./Yr.	Mo./Yr.	Name		
		Address		
Starting Salary	Final Salary	City	State	
		Zip	Phone	
Supervisor's Name and Position:			Scheduled Hours Per Week	
Reason for Leaving:				

List ANY periods of unemployment during the past seven years beginning with the most recent period of unemployment		
From	To	Reason for Unemployment

