



4390 Route 71
Oswego, Illinois 60543



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTIONS FOR APPLICANT

1. Answer every question on this application completely and accurately without concealing or omitting any information. If you do not, and you are hired, you could lose your job regardless of length of employment.
2. This Employment Application is current for only 60 days. At the conclusion of this time, if you have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

PERSONAL

LAST NAME	FIRST	MIDDLE	TELEPHONE NO.	
SOCIAL SECURITY NUMBER				
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
TODAY'S DATE				

POSITION APPLIED FOR 1. _____ 2. _____	EXPECTED RATE OF PAY _____ PER HOUR
HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN/REGISTRY <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?	SHIFT PREFERENCE:
ARE YOU PRESENTLY EMPLOYED? _____ YES _____ NO IF SO, WHERE?	AM <input type="checkbox"/> PM <input type="checkbox"/> Weekend PRN / As Needed <input type="checkbox"/>
ARE YOU CURRENTLY ON LAYOFF SUBJECT TO RECALL? _____ YES _____ NO	<input type="checkbox"/> OTHER _____
IF YOU ARE HIRED, CAN YOU SUPPLY PROOF OF YOUR AGE? _____ YES _____ NO	DATE AVAILABLE FOR WORK:
ARE YOU PLANNING A VACATION? _____ YES _____ NO	REASON FOR DESIRING CHANGE:
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	
A felony conviction does not automatically disqualify you from employment. Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.	

EDUCATIONAL/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST				TYPING: APPROX. WPM				
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED				
ELIGIBLE FOR: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION				
IF LICENSED, REGISTERED OR CERTIFIED	TYPE:	STATE ISSUED	DATE	NO.
	TYPE:	STATE ISSUED	DATE	NO.
	TYPE:	STATE ISSUED	DATE	NO.

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.

Can we run a detailed employment check, including but not limited to a check, with your previous employers?

YES NO

_____ Please sign here to authorize reference check

PERSONAL REFERENCES

LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

Applicant Statement - Carefully read this section prior to providing signature below.

Legacy Rehab is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Legacy Rehab.

I understand that, as part of the application process, the Company will verify my competencies and license with the appropriate authority and may obtain any and all information available provided by the authority for use in evaluating my application with regards to employment.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: Overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my employment. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the Rehab Director has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Rehab Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete an Employment Verification Form (I-9) in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement, and that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

Signature of Applicant _____ Date _____

Email _____

SIGNATURE

FOR OFFICE USE ONLY

INTERVIEWERS SIGNATURE	DATE	
STARTING DATE	NUMBER DAYS WORKED PER WEEK / PPP	
DEPARTMENT	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	SHIFT
POSITION		
STARTING WAGE		