

# ExercisAbilities EMPLOYMENT APPLICATION

*We consider all applicants for all positions without regard to race, color, religion, sex, age, marital status, veteran status, national origin, the presence of non-job-related medical condition or disability or any other protected status. We are an equal opportunity employer.*

## Instructions for Completion

Please print all information as clearly as possible in ink. Provide all applicable information as detailed as possible as this will provide us with more background information and increase your chances of employment. Please do not leave any blanks or question unanswered. If a specific question does not apply, please state 'does not apply (N/A)'. If information is on your attached resume, type 'see resume'. All information provided will be kept confidential unless you otherwise state.

Date of Application: _____	Date of Availability: _____
Position(s) Applied For: _____	Salary Expectation: _____

Name: _____	Telephone: _____
Last                      First                      Middle	Area Code              Local Number
Address: _____	_____
Number              Street	City                      State              Zip Code

## Required Responses

1. Have you filed an application with this company before? Yes \_\_\_ No \_\_\_
2. Have you ever been employed with this company before: Yes \_\_\_ No \_\_\_  
If yes, give date: \_\_\_\_\_
3. Are you currently employed: Yes \_\_\_ No \_\_\_  
If yes, may we contact your present employer? Yes \_\_\_ No \_\_\_
4. Are you able to work? Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Yes \_\_\_ No \_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been excluded from participation in any federally funded health care program, including but not limited to Medicare and Medicaid? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. If licensed, have you ever been sanctioned (disciplined by the licensing board)? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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## Education:

	Graduate or Professional	College University	High School or GED
School Name			
Years Completed	1 2 3 4 5 6	1 2 3 4	9 10 11 12
Diploma/Degree			
Certification or License (Provide State & #)			
Honors Received			

**References:** Give name address and telephone numbers of three (3) references who are not related to you and who are not previous employers. Indicate See Resume if information already provided.

1. Name: _____ Phone: _____ Address: _____
2. Name: _____ Phone: _____ Address _____
3. Name: _____ Phone: _____ Address: _____

**Employment Experience:** Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations that would reveal a legally protected status. Indicate See Resume if information already provided.

1. Employer: _____ Phone : _____ Address: _____ Dates Employed: From: _____ To: _____ Job Title: _____ Supervisor: _____ Worked Performed: _____ Reason for Leaving: _____
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## Employment Experience: (Cont.)

2. Employer: \_\_\_\_\_ Phone : \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed:        From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Worked Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone : \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed:        From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Worked Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone : \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed:        From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Worked Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**Summarize Skills and Qualifications acquired from employment experiences or education.**

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## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from this facility constitutes an employment contract unless a specific document to that effect is executed by the facility owner and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by the facility's Code of Conduct, Compliance Plan and all related policies, procedures and guidelines.

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Signature of Applicant

Date