

**Presque Isle Rehabilitation Service, LLC**

**Employment Application**

*We are an Equal Opportunity Employer*

Please print in ink. You must complete entire application and sign at end.

Date: \_\_\_\_\_

<b>Applicant Information</b>	
Name (first, middle, last)	
Address (street, city, state, zip code)	
Phone Number	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide proof of work authorization.)</i>	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you are not at least 18 years old, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.</i>	
Have you ever applied with PIRS before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when:	Have you ever worked for PIRS before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: Under what name?
Will you travel if this job requires it?    Yes <input type="checkbox"/> <input type="checkbox"/> No	Will you work overtime if required?    Yes <input type="checkbox"/> <input type="checkbox"/> No
If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about the applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Need more information about the job's "essential functions" to respond.	

<b>Position Applying For</b>		
Part-Time or Full-Time Desired	Desired Compensation \$                      /hour	Shift Preference
When can you start?		
How were you referred to PIRS? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____		

<b>Special Skills</b>
1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.
2. Please list other valuable skills you possess that would be valuable to PIRS.

Education				
School	Name & Location (city, state)	Number of Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No Year:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: Year:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: Year:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: Year:

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your:		
1) Driver's License Number	2) State issued	3) Expiration Date
Are you licensed/have certifications which will assist you in the job? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date



**Employment References** *(List individuals familiar with your job qualifications) (should not be relatives or personal friends)*

Name	Day Telephone (    ) Evening Telephone (    )
Address	
Email address	
Relationship	How long known?
Name	Day Telephone (    ) Evening Telephone (    )
Address	
Email address	
Relationship	How long known?
Name	Day Telephone (    ) Evening Telephone (    )
Address	
Email address	
Relationship	How long known?
May we contact your references?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize PIRS to investigate my responses to this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. *(Note: If this is a job requirement, you will be notified.)*
4. I understand that prior to my employment I may be subject to a criminal background check.
5. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
6. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

7. PIRS does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. PIRS likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). PIRS takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

8. Regardless of whether or not I become employed by PIRS, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at PIRS is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or PIRS', unless specifically provided otherwise in a written employment contract. I further understand that no PIRS employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than the officer or official of PIRS, and then only by means of a signed, written document.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your interest in Presque Isle Rehabilitation Service, LLC.**