



Southwest Rehabilitation Employment Application

2281 West 24th Street Suite #10

Yuma, AZ. 85364

(928) 344-1656

www.sw-rehab.com

Please attach your cover letter and resume to this application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

What foreign language(s) do you speak/read/write fluently? _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Reference 1 : _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Reference 2: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Reference 3: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

This Section: Licensed Clinical Staff Only

Are you currently licensed in the state of Arizona? Yes No

Have you ever had or is there a pending professional license suspension or revocation?
 Yes No

Has your professional license ever been under restriction or review?
 Yes No

Do you have any past or pending malpractice or liability insurance claims?
 Yes No

Have you ever been restricted or denied from providing services to Medicare, Medicaid, Champus, Champ VA or Railroad Retirement Board?
 Yes No

Applicant's Statement

1. All information given by me in this application is true and correct. False information (misrepresentation or omission of information called for) is a basis for dismissal. I authorize investigation of all information contained herein and specifically authorize the employers and references to give you any and add information concerning me and, by doing so, release all persons from any liability for any damage that may result from furnishing same to you.
2. I understand that Southwest Rehab may perform Motor Vehicle Record checks, and will perform pre-employment drug screen and background check.
3. In consideration for my employment, I agree to confirm to the policies, practices, rules/regulations and guidelines which may be changed from time to time. I further agree that my employment (and terms and benefits provided to me) is not intended, and does not, constitute any contractual relationships and is for no definite period of time and is terminable by myself or the company with or without notice and without cause. No oral statements or representation made wither before or during employment can change or modify this contractual and at-will relationship.
4. In further consideration for my employment, I understand and agree that there are other forms, statements, and provisions that have to be completed and agree to, and those forms, statements, and provisions are part of this application and will be included in my employment records.

Signature: _____ Date: _____