



# Employment Application

Thank you for your interest in employment with Mr. Rehab, LLC. Because this document will be kept on file, you may wish to periodically check to keep it current and active.

**INSTRUCTIONS:** Complete all necessary information and be aware that you may be asked to provide additional information on another form. **Please be sure to sign and date the application.** You can submit in one of three ways: (1) Email to info@mrrehab.com, or (2) Mail to Mr. Rehab, LLC.; Attn: Karen Losch; 3 Long Lane; Mechanicsburg PA 17050, or (3) Drop off in person at the same address.

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you eligible to work in the United States? YES NO

Are you at least 18 years old? YES NO

Are you age 21 or older? YES NO

Do you have a CDL? YES NO

If no and you are chosen for employment, would you be willing to get one? YES NO

Has your license been suspended in the last five years? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Date you are available to start work: \_\_\_\_\_

EDUCATION & BACKGROUND					
School	Name & Location of School	Course of Study	Did you graduate?		Diploma / Degree
Grammar School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
High School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Graduate School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Vocational Training/Other			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Skills & Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Membership in Professional or Civic Organizations  
 (Exclude those that may disclose your race, color, religion, or national origin):  
 \_\_\_\_\_  
 \_\_\_\_\_

Military Service: \_\_\_\_\_  
 \_\_\_\_\_ Discharge:  Honorable  Dishonorable

**PREVIOUS EMPLOYMENT**

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/ Salary Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_  
 Work Performed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/ Salary Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Work Performed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/ Salary Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Work Performed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three personal references other than family members or previous employers.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SIGNATURE & DATE**

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

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

How did you hear about this job opportunity? Please check all that apply.

- Referred by Current Mr. Rehab Employee
- Facebook
- Newspaper
- Friend or Family Member
- LinkedIn
- Radio or TV
- Advertisement
- Email or e-Newsletter
- Magazine
- Online Job Posting
- Career Counselor
- Conference/Trade Show
- Website
- Job Fair
- Other: \_\_\_\_\_