

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job?
 Yes No

If there are any positions or types of positions for which you should not be considered, or job duties you cannot perform because of physical, mental or medical disability, please describe.

Have you ever been in the armed forces? Yes No If Yes, name branch _____

Dates Of Duty _____ Rank At Discharge _____

List Duties and Special Training _____

In case of emergency, the following person should be notified:

Name and Address _____

Phone Number(s) _____

EMPLOYMENT HISTORY (List below most recent first, include military experience)

May we contact your present employer? Yes No

Company Name & Address	Phone Number	Position Held by Applicant	Employment Dates
			From: To:
Name of last supervisor:	Starting Salary:		Ending Salary:
Reason for leaving:			
Company Name & Address	Phone Number	Position Held by Applicant	Employment Dates
			From: To:
Name of last supervisor:	Starting Salary:		Ending Salary:
Reason for leaving:			
Company Name & Address	Phone Number	Position Held by Applicant	Employment Dates
			From: To:
Name of last supervisor:	Starting Salary:		Ending Salary:
Reason for leaving:			
Company Name & Address	Phone Number	Position Held by Applicant	Employment Dates
			From: To:
Name of last supervisor:	Starting Salary:		Ending Salary:
Reason for leaving:			

REHAB PATHWAYS GROUP®

SUPPLEMENTAL DATA

(Please Print Clearly)

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent, and /or any other attendance related reason? If yes, please explain:

Have you ever been disciplined or discharged for theft, unauthorized removal of company property, or related offense? If yes please explain:

Have you ever been disciplined or discharged for the use, possession, sale or distribution of alcohol or drugs? If yes, please explain:

Have you ever been disciplined or discharged for insubordination (i.e., disobedience or refusing to follow instructions of a superior)? If yes, please explain:

Have you ever been disciplined or discharged for violation of safety rule(s)? If yes, please explain:

Have you ever been disciplined or discharged for violent behavior? If yes, please explain:

Please note that a “yes” answer to any of these questions listed above will not necessarily be a bar to employment.

Maiden Name, Aliases, or Other Names Used:

HOME ADDRESS FOR PAST 7 YEARS
(Use additional page if needed)

_____ Present Street Address, City, State, Zip	Mo _____ Yr _____ to Mo _____ Yr _____
County: _____	
_____ Street Address, City, State, Zip	Mo _____ Yr _____ to Mo _____ Yr _____
County: _____	
_____ Street Address, City, State, Zip	Mo _____ Yr _____ to Mo _____ Yr _____
County: _____	
_____ Street Address, City, State, Zip	Mo _____ Yr _____ to Mo _____ Yr _____
County: _____	
_____ Street Address, City, State, Zip	Mo _____ Yr _____ to Mo _____ Yr _____
County: _____	

REFERENCES

(Do not list relatives or former employers)

1.		
_____ Name of Reference	_____ Home Phone #	_____ Business Phone #
_____ Address		
Years Known: _____ <input type="checkbox"/> Socially <input type="checkbox"/> Professionally		
Title _____		

2.

Name of Reference

Home Phone #

Business Phone #

Address

Years Known: _____ Socially Professionally

Title _____

3.

Name of Reference

Home Phone #

Business Phone #

Address

Years Known: _____ Socially Professionally

Title _____

My responses to the above questions and all of the information furnished in this Application for Employment are true and accurate. I understand that the falsification of any information on my Application for Employment or the making of any material misrepresentation would constitute grounds for immediate discharge.

Applicant's Signature

Date

Print Applicant's Name

All qualified applicants receive equal employment consideration regardless of race, color, religion, sex, national origin, military status, age, weight, height, or disability. Rehab Pathways Group is an Equal Opportunity Employer.

APPLICANT’S PREEMPLOYMENT STATEMENT & WAIVER

I hereby certify and affirm that the information provided on or in connection with this application (and the accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment, and may result in discipline or dismissal if discovered at a later date.

I understand that before I become an employee of Rehab Pathways Group Inc. (“RPG”), I agree that RPG can verify previous employment data and references provided in my application, and any related documents. I authorize all references, educational institutions, employers, law enforcement authorities, organizations and individuals having relevant information concerning me to release such information, and I release all concerned persons, institutions and entities from any liability whatsoever in connection therewith. I waive any written notice of the release of such information that may be required by state or federal law. I understand that an investigative report may be made which might include information concerning my character, general reputation, personal characteristics, and mode of living (whichever may be applicable) and that I can make a written request of the consumer reporting agency for additional information as to the nature and scope of the report if one is made. I understand that date of birth may be required.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask RPG to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resources Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should have known that an accommodation is needed.

I expressly acknowledge and agree that any offer of employment with RPG, and continuing employment after hire, is conditioned upon: (1) the accuracy of the statements I have made above, and (2) the successful passing of a physical examination and/or drug and alcohol screen/test that may be required by RPG. Such examination and drug and alcohol test will be performed by a physician or health care professionals designated by the RPG, at its expense. I hereby give my consent for RPG, through an authorized testing service of its choice, to collect blood, urine, saliva and/or hair samples from me, and to conduct other necessary or desirable medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release RPG from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and any other relevant medical information to authorized RPG management for appropriate review. If I am accepted for employment by RPG, I hereby consent to be tested in the above manner during the term of my employment when, in RPG’s judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with RPG’s drug and alcohol policy is a condition of my employment.

In consideration of my employment, I agree to comply with the rules, regulations, and policies of the company, including such new or revised rules, regulations, or policies as may be subsequently established. I acknowledge and agree that if employed by RPG, I will be an AT-WILL employee, and my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either RPG or myself. I understand that no officer, manager, employee, or representative of RPG, other than the President of RPG, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any change in the foregoing agreement must be in writing and signed by the President. Further, I expressly agree to, and shall be bound by, all binding arbitration provisions and all claims limitation provisions specifically set forth in RPG’s Employee Handbook, which may be amended or replaced unilaterally by RPG from time to time.

Signature of Applicant: _____ **Date:** _____

REHAB PATHWAYS GROUP INC. IS AN EQUAL OPPORTUNITY EMPLOYER

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MILITARY STATUS, AGE, WEIGHT, HEIGHT, OR DISABILITY.

Thank you for completing this Application form and for your interest in our company.

DISCLOSURE STATEMENT

In connection with an evaluation of your qualifications for employment, promotion, reassignment, or retention as an employee or contractor with **Rehab Pathways Group Inc.** (“the Employer”), the Employer may obtain a “consumer report” and an “investigative consumer report” pertaining to you. A “consumer report” consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An “investigative consumer report” is a consumer report or portion thereof in which information on a person’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associated of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information.

The Employer will be utilizing Vista International Research, LLC (“Agency”), a pre-employment screening provider, to conduct an investigation into your background and to prepare an investigative consumer report pertaining to you. In conducting its investigation, Agency may contact your neighbors, friends, associated, or other people who may have knowledge of your personal, employment, or educational background. Agency may obtain information concerning, among other things, your character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

You have the right to obtain additional disclosures concerning the nature and scope of the investigation that the Employer has requested. You also have the right to request a written summary of the rights pursuant to Section 609(c) of the Fair Credit Reporting Act. If you would like to obtain addition disclosures concerning the nature or scope of the investigation the Employer has requested, or if you would like to obtain a written summary of your rights, please submit a written request to the Employer.

Acknowledgment, Authorization & Release

I hereby acknowledge that I have received and read the foregoing Disclosure Statement.

I hereby authorize the Employer to procure, and Agency to prepare, a consumer report and/or investigative consumer report pertaining to me. I further authorize the Employer and Agency to conduct an investigation into my personal, employment, and educational background for purposes of the preparation of such reports.

I further authorize the Employer and Agency, in conducting their investigation, to contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background, and for the Employer and Agency to obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information. I further authorize Agency to provide the Employer with the information that Agency obtains pursuant to its investigation.

In authorizing this investigation, I will voluntarily provide the supplemental data reasonably requested to ensure that any records which are located and which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation.

I hereby release the Employer, Agency, and any person providing information to the Employer or Agency from any and all liability that may arise in connection with the above-described background investigation.

If I am hired as an employee or retained as a contractor, this authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports and investigative consumer reports at any time during my employment or contractual relationship with the employer.

I further agree that copies of this Acknowledgment, Authorization and Release that show my signature are as valid as the original document that I have signed.

Before signing this Acknowledgment, Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

Signature

Print Name

Social Security Number

Date