

# Application for employment

We appreciate your interest in Spinal Rehabilitation Center, Inc. ("SRC"). SRC is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. SRC also prohibits harassment of applicants or employees based on any of these protected categories. It is also SRC's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

**Note to applicants:** smoking is prohibited in all indoor areas of SRC unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

## GENERAL INFORMATION

Location: \_\_\_\_\_ Today's date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_ Minimum salary desired: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Are you at least 18 years old?  YES  NO

Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record?  
 YES  NO

Are you available to work overtime as needed?  YES  NO

If yes, are you available weekdays?  YES  NO

Weekends?  YES  NO

If yes, please provide the other name(s): \_\_\_\_\_

Have you previously worked for or applied for a position with SRC, in any of our locations either as an employee or through an employment agency?  
 YES  NO

Are you related to or in close personal relationship with anyone now employed at SRC? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.)  
 YES  NO

If yes, please explain when and, if employed, in what capacity: \_\_\_\_\_

If yes, state name(s) and where they are located: \_\_\_\_\_

## PERMISSION TO WORK

Are you legally authorized to work in the United States?

YES  NO

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)?

YES  NO

## REFERRAL INFORMATION

Employment Agency (state name):

\_\_\_\_\_

School (state name):

\_\_\_\_\_

Reputation of Firm

\_\_\_\_\_

Newspaper ad (name of paper):

\_\_\_\_\_

Referral (state name)

\_\_\_\_\_

Other:

\_\_\_\_\_

## WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space please use the reverse side of this page and/or following page.

Company name:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Employed (M/Y) from:

\_\_\_\_\_

Employed (M/Y) to:

\_\_\_\_\_

Name, title, and phone number of supervisor

\_\_\_\_\_

Start monthly wage:

\_\_\_\_\_

Last monthly wage:

\_\_\_\_\_

Job title and work responsibilities:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

## WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space please use the reverse side of this page and/or following page.

Company name:

Telephone:

Address:

Employed (M/Y) from:

Employed (M/Y) to:

Name, title, and phone number of supervisor

Start monthly wage:

Last monthly wage:

Job title and work responsibilities:

Reason for leaving:

Company name:

Telephone:

Address:

Employed (M/Y) from:

Employed (M/Y) to:

Name, title, and phone number of supervisor

Start monthly wage:

Last monthly wage:

Job title and work responsibilities:

Reason for leaving:

**All employers including your current employer may be contacted to verify the information you provide.**

May we contact your current employer prior to any offer of employment?

YES

NO

## PROFESSIONAL REFERENCES

**Individuals not related to you. Business references preferred.**

Name:	Occupation:	Phone:
_____	_____	_____
Address:	Years known and capacity:	
_____	_____	

Name:	Occupation:	Phone:
_____	_____	_____
Address:	Years known and capacity:	
_____	_____	

Name:	Occupation:	Phone:
_____	_____	_____
Address:	Years known and capacity:	
_____	_____	

## EDUCATION & TRAINING

Please include name, street, city, state and ZIP code for each school.

### GRADUATE

School name:

Number of years completed:

Degree:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School address:

Type of course/major:

\_\_\_\_\_

\_\_\_\_\_

### COLLEGE

School name:

Number of years completed:

Degree:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School address:

Type of course/major:

\_\_\_\_\_

\_\_\_\_\_

### HIGH SCHOOL

School name:

Number of years completed:

Degree:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School address:

Type of course/major:

\_\_\_\_\_

\_\_\_\_\_

### BUSINESS / TRADE / TECHNICAL

School name:

Number of years completed:

Degree:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School address:

Type of course/major:

\_\_\_\_\_

\_\_\_\_\_

## **JOB RELATED SKILLS & QUALIFICATIONS**

**Please summarize your job-related skills and qualifications.**

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## **ADDITIONAL EMPLOYMENT INQUIRIES**

**Emergency contact person.**

Name:

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Phone number:

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## CRIMINAL HISTORY INFORMATION

**BEFORE answering the following question: please read the following instructions:**

Nevada applicants must disclose all felony convictions, but may limit disclosure of misdemeanor convictions to those that occurred within the last seven years and resulted in imprisonment.

Please note that you do NOT have to identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

Please note that answering "Yes" to this question will not automatically bar you from employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Have you ever been convicted of a crime?

YES

NO

If you answered "Yes", please provide the following additional information:

Nature of offense:

\_\_\_\_\_

Misdemeanor

Felony

Year of conviction:

\_\_\_\_\_

County:

\_\_\_\_\_

State:

\_\_\_\_\_

If, subject to the specific Nevada instructions provided above, you have more than one conviction, please use the space below, or additional paper, to provide the information requested above.

\_\_\_\_\_

## APPLICANT'S STATEMENT & ACKNOWLEDGMENT

**This application is not complete until it is fully completed, signed, and all statements below have been read and initialed.**

Initial: \_\_\_\_\_  
I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: \_\_\_\_\_  
I recognize that this employment application is not an offer for employment. I agree that I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the owner of SRC, and no manager, supervisor or other representative of the Company, has authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship and with respect to any agreement entered into by the owner, any such agreements must be in writing and signed by the owner and by me or my authorized representative.

Initial: \_\_\_\_\_  
I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by SRC.

Initial: \_\_\_\_\_  
I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: \_\_\_\_\_  
I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: \_\_\_\_\_  
I understand that any offer of employment by SRC is contingent upon satisfactory completion of a background check based on relevant criminal history.

Initial: \_\_\_\_\_  
I hereby authorize, to the extent allowed by applicable federal state and local laws, SRC to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands and liabilities arising out of or in any way related to such investigation or disclosure.

Initial: \_\_\_\_\_  
I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: \_\_\_\_\_  
I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: \_\_\_\_\_  
I agree to submit to legally permissible drug testing upon an offer for employment from SRC and prior to starting work I agree that any offer of employment is contingent upon my receiving a negative test result.



## APPLICANT'S STATEMENT & ACKNOWLEDGMENT (CONTINUED)

Initial:

\_\_\_\_\_

I understand that SRC, has an arbitration procedure governed by the Federal Arbitration Act, 9 U.S.C. sections 1 et seq., a copy of which SRC has provided. The arbitration procedure applies to claims brought by me against SRC or by SRC against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by SRC. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission, U.S. Department of Labor or National Labor Relations Board. Nor do these procedures prevent me for making a claim for workers compensation or state disability benefits or unemployment insurance. I understand and agree that I may review SRC's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from SRC's Executive Manager. I further understand that SRC agrees to pay all costs associated with any arbitration procedure related to any claims brought by me against SRC or by SRC against me. If you would like to opt out of this arbitration procedure, then please do not initial this section.

**THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.**

My signature below certifies that I agree to be bound by the terms and conditions stated in this application which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

**Applicant's signature:**

**Date:**

\_\_\_\_\_  
Please type your full name in capital letters. By typing your full name you are legally signing this document.

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment you must complete another application.

**Please fill this form in full and email it to [Corporate@spinalrc.com](mailto:Corporate@spinalrc.com) or fax to number 725-201-9312.**