

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

Name \_\_\_\_\_

                    Last                                    First                                    Middle

Present address \_\_\_\_\_

                    Number            Street                            City                            State            Zip            County

How long were you at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a U.S. Citizen or otherwise legally authorized to work in the United States?  Yes  No  
(RPG<sup>SM</sup> will require verification of employment eligibility as required by law including completion of an I-9 form.)

Are you 18 years of age?  Yes  No (If no, you will need to furnish a work permit if it is required.)

What position are you applying for? \_\_\_\_\_

What is your desired wage? \_\_\_\_\_

What Shifts Can you Work?

Days  Nights  Afternoons/Evenings

When Could You Start? \_\_\_\_\_

Have you ever worked for RPG<sup>SM</sup> before?

No  Yes If yes, what was the reason for leaving? \_\_\_\_\_

Do you have any friends or family that work for RPG<sup>SM</sup> ? \_\_\_\_\_

How did you hear of RPG<sup>SM</sup> ? \_\_\_\_\_

**EDUCATION**

High School                      City                      State                      Years Attended                      Did You Graduate?                      Degree

College                      City                      State                      Years Attended                      Did You Graduate?                      Degree

Post Graduate                      City                      State                      Years Attended                      Did You Graduate?                      Degree

Professional Licensing (include License Number), Certification, Special Training or Other Skills

Have you ever been convicted of a crime within the last seven (7) years?  No  Yes (please complete below)

Felony \_\_\_\_\_ or Misdemeanor \_\_\_\_\_, List Date(s) \_\_\_\_\_, City & County \_\_\_\_\_, State \_\_\_\_\_

Disposition of Case \_\_\_\_\_

Do you have any points on your driver's license?  No  Yes If yes, how many? \_\_\_\_\_

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Troy, MI 48083

Have you ever been in the armed forces?  No  Yes 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** May we contact your previous employers?  No  Yes  
Start with your most recent employer.

COMPANY NAME & ADDRESS	Phone Number	Position Held	Employment Dates – Starting & Ending
Name of Last Supervisor	Starting Salary		Ending Salary

Reason for Leaving \_\_\_\_\_

COMPANY NAME & ADDRESS	Phone Number	Position Held	Employment Dates – Starting & Ending
Name of Last Supervisor	Starting Salary		Ending Salary

Reason for Leaving \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

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**PREVIOUS HOME ADDRESSES (If needed, use an additional sheet of paper.)**

1) Month/Year _____ to Month/Year _____					
Number	Street	City	State	Zip	County
2) Month/Year _____ to Month/Year _____					
Number	Street	City	State	Zip	County
3) Month/Year _____ to Month/Year _____					
Number	Street	City	State	Zip	County

**REFERENCES (Do not list relatives or former employers.)**

1)	
Name _____	Title _____
Address _____	Years Known _____
Phone Number _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
2)	
Name _____	Title _____
Address _____	Years Known _____
Phone Number _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
3)	
Name _____	Title _____
Address _____	Years Known _____
Phone Number _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference

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**SUPPLEMENTAL DATA**

Please note that a yes answer to any of these questions will not automatically bar employment.

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent, and for 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:

Other Names Used:

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**APPLICANT'S PRE-EMPLOYMENT STATEMENT & WAIVER**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that before I become an employee of Rehab Pathways Group® (RPG<sup>SM</sup>), I agree that RPG<sup>SM</sup> 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 and third party authorization form 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<sup>SM</sup> 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<sup>SM</sup>, and continuing employment after hire, is conditioned upon: (1) the accuracy of the statements I have made in my application form, resume and interview, and (2) the successful passing of a physical examination and/or drug and alcohol screen/test that may be required by RPG<sup>SM</sup>. Such examination and drug and alcohol test will be performed by a physician or health care professionals designated by the RPG<sup>SM</sup>, at its expense. I hereby give my consent for RPM<sup>SM</sup>, 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 RPM<sup>SM</sup> 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<sup>SM</sup> management for appropriate review. If I am accepted for employment by RPG<sup>SM</sup>, I hereby consent to be tested in the above manner during the term of my employment when, in RPG's<sup>SM</sup> judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with RPG's<sup>SM</sup> 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<sup>SM</sup>, 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<sup>SM</sup> or myself. I understand that no officer, manager, employee, or representative of RPG<sup>SM</sup>, other than the President or Executive Director of RPG<sup>SM</sup>, 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 or Executive Director. 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<sup>SM</sup> Employee Handbook, which may be amended or replaced unilaterally by RPG<sup>SM</sup> from time to time.

**I hereby certify and affirm that the responses to the above questions and all of the information furnished in my application form, resume and interview are true and accurate. I understand that any falsification of any information in my application form, resume and interview or the making of any material misrepresentation would constitute grounds for immediate discharge.**

**I also understand that RPG<sup>SM</sup> is under no obligation to consider this application and that acceptance of my application does not constitute an offer of employment.**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name**

**REHAB PATHWAYS GROUP® IS AN EQUAL OPPORTUNITY EMPLOYER**

**All qualified applicants receive equal employment consideration regardless of 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.**