



Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position applied for: _____

Are you interested in full time, part time, or PRN employment?: _____

What days and times of the week are you available for work?: _____

Georgia professional license number: _____

Are you authorized to work in the U.S.? YES NO
☐ ☐

Have you ever been disciplined by any professional body? YES NO
☐ ☐

If yes, please explain:

Have you ever been convicted of anything other than a minor traffic violation? YES NO
☐ ☐

If yes, please explain:

Education

Undergraduate
Education: _____ City, State: _____

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

Graduate
Education: _____ City, State: _____

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

Graduate
Education: _____ City, State: _____

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

References

Please list three professional references that are not related to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Previous Employment

Please list all previous employment for the last 5 years. If additional space is needed, please use the back of this form.

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 ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please return this form by email to management@pediatricrehabandwellness.com or by fax to 888.429.3741 and copies of:

- Georgia professional license
- Professional resume including all months and years since graduation from professional degree program to current
- Letter explaining any lapse in employment greater than six months, if applicable

Incomplete applications will not be considered.