

Friendship Heights Rehabilitation Center
Employment Application Form

Name: _____

Address: _____

Phone Numbers: Home () _____ Cell () _____

Social Security Number: _____

Are you authorized to work in the United States? Yes No

Position Applied For: _____

Type of employment: Full Time Part Time prn

US Military Service? Yes No If yes, dates from _____ to _____

Education

High School Name: _____ City / State: _____

College Name: _____ City / State: _____

Major: _____ Minor: _____ Degree obtained: _____ Date: _____

College Name: _____ City / State: _____

Major: _____ Minor: _____ Degree obtained: _____ Date: _____

College Name: _____ City / State: _____

Major: _____ Minor: _____ Degree obtained: _____ Date: _____

Professional Licensure

State: _____ License to practice: _____ # _____

State: _____ License to practice: _____ # _____

State: _____ License to practice: _____ # _____

Eligible for Temporary License in Maryland? Yes No

Clinical or Specialty Certifications

Employment History

Company Name: _____ Job Title: _____

Phone: () _____ From: _____ To: _____

Address: _____

Supervisor's Name: _____ Title: _____

May we contact supervisor for references? Yes No

Describe Job Duties: _____

Reason for leaving: _____

Company Name: _____ Job Title: _____

Phone: () _____ From: _____ To: _____

Address: _____

Supervisor's Name: _____ Title: _____

May we contact supervisor for references? Yes No

Describe Job Duties: _____

Reason for leaving: _____

Company Name: _____ Job Title: _____

Phone: () _____ From: _____ To: _____

Address: _____

Supervisor's Name: _____ Title: _____

May we contact supervisor for references? Yes No

Describe Job Duties: _____

Reason for leaving: _____

References: Please list references familiar with your work.

Name: _____ Relationship to you: _____

Address: _____ Phone () _____

Name: _____ Relationship to you: _____

Address: _____ Phone () _____

Name: _____ Relationship to you: _____

Address: _____ Phone () _____

Questions

1. Have you pleaded guilty to or been convicted of a violation of law other than a non-moving traffic violation?

Yes No

2. If a licensed professional, have you ever been disciplined or had your license suspended or revoked by the State Board? N/A Yes No

3. Do you certify that you have the physical and emotional capacity to perform the job for which you are applying?

Yes No

If "yes" to questions 1 or 2, or "no" to question 3, please explain:
