



Restore Rehab Services, LLC Application for Employment

- Physical Therapist Occupational Therapist Speech Language Pathologist Social Worker
 Physical Therapist Assistant Occupational Therapist Assistant Rehab Manager Rehab Tech

Name (Last, First) Middle Initial SSN

TX Driver License # Expiration

Address

Phone # Cell # Work # Fax #

E mail Emergency Contact Phone #

Other names used for employment

Are you legally authorized to work in U.S. ? Yes No

TX State Professional License #

Availability Full Time Part Time Contract Starting Date

Work Experience

Employer #1 Phone # Position

Start Date End Date Supervisor Title

Job Duties

Employer #2 Phone # Position

Start Date End Date Supervisor Title

Job Duties

Employer #3 Phone # Position

Start Date End Date Supervisor Title

Job Duties

Employer #4 Phone # Position

Start Date End Date Supervisor Title

Job Duties

Education

High School		Major		Start Date		End Date	
College #1		Major		Start Date		End Date	
College #2		Major		Start Date		End Date	
University #1		Major		Start Date		End Date	
University #2		Major		Start Date		End Date	
Other (specify) 							

Licensure & Certification

State		Dicipline		#		Date		Expiration	
State		Dicipline		#		Date		Expiration	
State		Dicipline		#		Date		Expiration	
Other (specify) 									

References

Name		Place		Title		Phone #	
Name		Place		Title		Phone #	
Name		Place		Title		Phone #	
Name		Place		Title		Phone #	

Declaration

If the answer to any of the following questions is yes, please provide details on a separate sheet. An answer of yes does not disqualify you for job consideration

- Has your professional licensure or certification ever been investigated or suspended? Yes No
- Are there any actions that have been initiated or are pending against you by any state or licensing board? Yes No
- Have you ever been named as a defendant in a professional liability action? Yes No
- Have you ever been convicted of a felony, the record of which has not been sealed, expunged or statutorily eradicated? Yes No

I certify that the information in this application is true and complete to best of my knowledge. I understand that any falsification would be basis of disqualification of employment or termination if employed. I understand that this is not a contract or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time, and for any reason, at any option of either RESTORE REHAB SERVICES, LLC or myself. I further understand that no official of representative RESTORE REHAB SERVICES, LLC has the authority to enter into an employment contract or make any agreement with me that will change "at will" nature of any employment relationship that may result between myself and RESTORE REHAB SERVICES, LLC.

I consent to the following: (1) I authorize RESTORE REHAB SERVICES, LLC to investigate all representations made by me in this application, in my resume, or any statements made by me during an interview with RESTORE REHAB SERVICES, LLC; (2) I authorize RESTORE REHAB SERVICES, LLC or any person or entity providing information pursuant to this authorization to release information, from any and all claims, causes of action, judgments, costs, arising from and relating to the providing or obtaining information pursuant to this authorization; (3) I authorize RESTORE REHAB SERVICES, LLC to run a background check and acknowledge that the company may withdraw and revoke any offer of employment at any time, based on the information obtained; (4) I authorize RESTORE REHAB SERVICES, LLC to release information contained in this application or obtained by the company pursuant to its credential verification and employment process, including background checks to any affiliate, client or payor, or contractor of the company which are relevant to my employment.

Date Signature