

Have you been convicted of a felony or misdemeanor? Do you have any current felony charges pending? _____
If so, for what, when and where? Use blank space below for details.
Conviction will not necessarily preclude your employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

If I am a successful applicant and are offered a position, the offer will be conditional on me successfully passing an appropriate drug screen.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Should I require handicap accommodation, it is my responsibility to request in writing within 182 days after I know or reasonably know it is required.

Applicant's Signature

Date

Availability Record

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work: Weekends? Yes No
Holidays? Yes No
Rotating Shifts? Yes No

Do you have responsibilities that would limit your availability?

Yes No If yes, explain _____

Please indicate Days and Hours You Are Available For Work (Be Specific)

Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Do you know of any reason why you could not perform the duties of the job for which you are applying? _____

If yes, explain:

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my Department Head or Administrator of this institution.

Applicant's Signature Date

Employment Applicant Release

I hereby authorize Southwest Regional Rehabilitation Center to contact any and all corporations, current and former employers, educational institutions, law enforcement agencies, courts, military services, etc., for the purpose of obtaining general information about my background, including, but not limited to, information about my employment history, education history, criminal history, etc.

I also hereby authorize all persons, corporations, current and former employers, educational institutions, law enforcement agencies, courts, etc., to cooperate with Southwest Regional Rehabilitation Center and to release any information they may have concerning me, including any information in my personnel record or otherwise known to them. I hereby specifically release such parties from any and all liability for providing/disclosing such information.

If hired, I understand and acknowledge that this Release shall remain in force and effect for the length of my employment with Southwest Regional Rehabilitation Center.

I agree that any action or suit against Southwest Regional Rehabilitation Center arising out of my employment or termination of employment must be brought within one year of the event giving rise to the claim, or be forever barred. I waive any limitation periods to the contrary.

I certify that to the best of my knowledge all information provided in this Release is accurate, true and complete. I understand and agree that any falsification, misrepresentation or omission of fact, either in this Release, in my Employment Application, or during the pre-hire process will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of Southwest Regional Rehabilitation Center.

Name: _____

(Please print) Other names used: _____

Address: _____

City/State/Zip: _____

Date received degree (if applicable) _____

Date of Birth: _____

Driver's License Number & State: _____

(Signature of Applicant)

(Date)