



**MICHIGAN REHAB SERVICES PROVIDER INC.
EMPLOYMENT APPLICATION**

Applicant Information

Date: _____

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

Address: _____ Apartment#: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____ Email: _____

DOB: _____ Social Security No#: _____ Driver license No#: _____

Position Applied for: _____ Date Available: _____

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

Are you a U.S. citizen? _____ YES _____ NO

Have you ever interviewed or worked for MRSP? _____ YES _____ NO If so, When? _____

Do you have any relatives or friends employed by MRSP? _____ YES _____ NO If Yes, list job title: _____

Have you ever been convicted of a felony? _____ YES _____ NO If yes, explain: _____

Emergency Contact: _____ Relationship: _____ Contact No#: _____

Education

School	Address	Dates	Did you Graduate?	Degree, Diploma, License or Certificate
High School				
College/University				
Other				



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References

Please list two professional references

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Name of Supervisor: _____ Telephone NO#: _____

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Name of Supervisor: _____ Telephone NO#: _____

Previous Employment

List all employments starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information,

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone#	Ending Salary
Job Title		Reason fort Leaving	
Duties & Responsibilities			

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone#	Ending Salary
Job Title		Reason fort Leaving	
Duties & Responsibilities			



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Employed From	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason fort Leaving	
Duties & Responsibilities			

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Availability

How did you hear about MRSP? _____

What type of placement are you looking for: Full Time _____ Part Time _____ Contract _____ Other _____

Are you interested in: Nursing Homes _____ Rehab Center _____ Home Care _____ Outpatient Clinics _____ Hospitals _____

What areas are you willing to service? _____

Please complete below:

Day of the week:	Available	Unavailable	No# of Hours Available
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			



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General

Other special Knowledge, Skills or Qualifications

May we contact your current employer for references? _____

Disclaimer and Signature

I authorize investigation of all statements as contained herein and the references listed including investigations of statements concerning my previous employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, false and misleading statements on this statement or any other company document shall result in immediate dismissal, regardless of the date the false or misleading statement is discovered.

I understand that employment at MRSP is "at will", which means that either I or MRSP can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basic. I understand that no supervisor, manager, or executive of MRSP other than the president has the authority to alter the foregoing.

Signature: _____ Date: _____

Required Documents if Hired

Resume	Copy of Social Security Card
TB Test	Copy of Insurance
CPR Certificate	Copy of Professional License
Competency checklist	Copy of Diploma
Copy of Driver License	