

Application for Employment

P.O. Box 8068
Columbus, GA 31908-8068
HumanResources@hprc.net



PLEASE PRINT

CURRENT AS OF 7/18

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () _____ : _____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide date(s) and details

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Affirmative Action Voluntary Information

P.O. Box 8068
Columbus, GA 31908-8068
HumanResources@hprc.net



COMPLETION OF INFORMATION BELOW IS VOLUNTARY

CURRENT AS OF 9/97

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone# _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Native American or Alaska Native (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | <input type="checkbox"/> Two or more races (Not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | |

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____



AUTHORIZATION AND GENERAL RELEASE FORM
Background Investigation Questionnaire

Name (last, first, middle): _____

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Home telephone number: _____
(Include area code)

Other names (e.g., maiden name): _____

Driver's license number: _____ State of issue: _____

Date of birth: _____ Sex: _____ Race: _____

Professional license/certification: Type and number: _____ State: _____

Highest level of education: School name, city, state: _____

Degree obtained: _____ Month/year to month/year attended: _____

Authorization and General Release

I hereby authorize HPRC and affiliates and any authorized employee or agent (including First Advantage, Inc.) of any of them to request and receive any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military, and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my current and previous employers. I further release and discharge HPRC and affiliates, and every employee or agent (including First Advantage, Inc.) of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make to make a written request within a reasonable period of time to First Advantage, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided for employment purposes the above information, and I have carefully read and I understand this authorization. NOTICE: First Advantage, Inc. requests your date of birth and other personal information solely for the purpose of verifying certain records that may be produced in connection with their background investigation. It is the policy of HPRC to provide equal employment opportunity to persons regardless of race, color, creed, sex, national origin, age, disability, veteran status, or any other classification in accordance with federal, state, and local statutes, regulations, and ordinances.

Applicant's signature: _____ Date: _____

(08/2005)



Pre-employment Drug Testing Consent Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by HPRC in the selection process of applicants for employment for the purpose of determining the drug content thereof.

I agree that the laboratory specified by HPRC may collect these specimens for these tests and may test them or forward them to a testing laboratory for analysis.

I further agree to and hereby authorize the release of the results of said tests to HPRC.

I understand that it is the current use of illegal drugs that prohibits me from being considered for employment at HPRC and not past abuse of alcohol or drugs.

I further agree to hold harmless HPRC and its agents from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with HPRC's consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I understand that if the test results are positive, HPRC will notify me in writing within five working days (24 hours in South Carolina) of the receipt of the positive results. I understand that I have five working days to rebut or explain the positive test. If my explanation is not satisfactory to HPRC at its sole discretion or if I do not respond within five working days of receipt of the results, I will be denied employment at that time. I may initiate another inquiry of employment with HPRC no sooner than six months after the date of the positive test.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant's name (print): _____ S.S.# _____

Applicant's signature: _____ Date: _____

(08/2005)



**PLEASE RETURN THIS FORM TO THE
HUMAN RESOURCES DEPARTMENT**

Motor Vehicle Records Inquiry Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with Human Performance & Rehabilitation Centers, Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Human Performance & Rehabilitation Centers, Inc.'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include middle initial)

Date of Birth

Driver's License Number

State of Issuance

Signature

Date

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If applicant is currently a PT, PTA, OT or COTA student, provide transcripts of current school. Also list all affiliations under Employment History.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____