



Application for Employment

Personal Information

First Name

Last Name

Preferred Name

Phone

Address

City

State

Zip

E-mail Address

Which position are you applying for?

Preferred Clinic Location(s):

Why have you chosen to apply at Rehabilitation & Performance Institute?

Current Licenses

If applicable.

State of Licensure

License Number

Date Expires

State of Licensure

License Number

Date Expires

State of Licensure

License Number

Date Expires

Previous Employment

Please list most recent first.

Employer/ Company Name	Dates of Employment (mo/yr - mo/yr)
Position Held	Reason for Leaving

Employer/ Company Name	Dates of Employment (mo/yr - mo/yr)
Position Held	Reason for Leaving

Employer/ Company Name	Dates of Employment (mo/yr - mo/yr)
Position Held	Reason for Leaving

References

Please provide details of three people who can speak on your behalf regarding your work history.

First Name	Last Name
Position Held	Phone

First Name	Last Name
Position Held	Phone

First Name

Last Name

Position Held

Phone

Do you agree to have references to be contacted in relation to this application?

Yes

No

When will you be available for work?

What type of work are you available for?

Part-time

Full-time

Casual/PRN

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading, or untrue states or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. I understand that, in some cases, criminal background and credit checks will be required and I will be notified if either of these applies to this application.

Signature

Date

Please send completed application with resume to rpitem@rehabilitationperformance.com