

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES NO	HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:				

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IR SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		YES NO
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?	
REASON FOR LEAVING:			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY?			
NNR Employee _____		NEWSPAPER ADVERTISING	JOB FAIR
ONLINE WEBSITES: _____		OTHER : _____	WALK-IN

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

Direct Rehab, Inc.

1635 NE Loop 410, Suite 900 San Antonio, Texas 78209
Phone: (888) 967-6101 Fax: (210) 967-6202

Direct Rehab, Inc.

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Direct Rehab, Inc.

PERSONAL REFERENCES:

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF FELONY WITHIN THE LAST 5 YEARS?	YES	NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE

DATE

STATEMENT OF EMPLOYABILITY

By the execution of this document, I acknowledge that I have been informed by **Direct Rehab, Inc.** that a criminal history check may be performed on my current name, and all past names. Below are all the names I have ever used (i.e. maiden, aliases, nicknames, etc.).

Information required for criminal checks:		
	My Date of Birth is _____.	
First	Middle	Last
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Attach list if necessary		

I understand that I may be employed on temporary emergency basis pending the results of the criminal history check. I understand that a person convicted of an offense listed below may not be employed in a position the duties of which involve direct contact with a consumer.

I have NOT been convicted of any of the following offenses:

1. An offense under Chapter 19, Penal Code (Criminal Homicide);
2. An offense under Chapter 20, Penal Code (Kidnapping and False imprisonment);
3. An offense under Section 21.11, Penal Code (Indecency with a Child);
4. An offense under Section 22.01, Penal Code (Assault);
5. An offense under Section 22.011, Penal Code (Sexual Assault);
6. An offense under Section 22.02, Penal Code (Aggravated Assault);
7. An offense under Section 22.04, Penal Code (injury to a child, Elderly individual, or disabled individual);
8. An offense under section 22.041, Penal Code (abandoning or endangering a child);
9. An offense under Section 22.08, Penal Code (aiding suicide);
10. An offense under Section 25.031, Penal Code (agreement to abduct from custody);
11. An offense under Section 25.08, Penal Code (sale or purchase of a child);
12. An offense under Section 28.02, Penal Code (arson);
13. An offense under Section 29.02, Penal Code (robbery);
14. An offense under Section 29.03, Penal Code (aggravated robbery);
15. An offense under Section 30.02, Penal code (burglary);
16. An offense under Chapter 31, Penal Code (theft);
17. An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution);
18. An offense under Section 32.46, Penal Code (securing execution of a document by deception)

Direct Rehab, Inc.
 1635 NE Loop 410, Suite 900
 San Antonio, Texas 78209
 Phone: (888) 967-6101 Fax: (210) 967-6202

ATTN: _____

 Phone: _____
 Fax: _____

RE: Request for Employment Reference:

We are requesting an employment / personnel reference on the below named person. A complete and prompt response would be appreciated as employment is pending. All information will be held in strict confidence.

I, _____, SSN: _____ hereby authorize the release of any information concerning my previous employment to **Direct Rehab, Inc.**

X _____
Signature of Applicant Date of Signature

FOR INTERNAL USE ONLY

Date Employed From: _____ To: _____
 Starting Salary: _____ Ending: _____
 Position Held: _____

Please rate this person in the following areas:

Quality of work Performed	Above Average	Average	Fair	Poor
Job Knowledge	Above Average	Average	Fair	Poor
Cooperation	Above Average	Average	Fair	Poor
Dependability	Above Average	Average	Fair	Poor
Attendance	Above Average	Average	Fair	Poor
Punctuality	Above Average	Average	Fair	Poor
Professional Conduct	Above Average	Average	Fair	Poor
Potential for Rehire	Above Average	Average	Fair	Poor

Comments:

 Signature of individual completing form

 Date of Signature

HUMAN RESOURCES VERIFICATION OF ABOVE INFORMATION

 Signature of individual verifying form

 Date of Signature

Direct Rehab, Inc.

ATTN: _____

Phone: _____

Fax: _____

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**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

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COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	DEPARTMENT SUPERVISOR	DATE
APPROVED 2	HR SIGNATURE	DATE
APPROVED 3	ADMINISTRATOR	DATE