

EMPLOYMENT HISTORY:

Please do not substitute a resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience, as well as volunteer jobs you wish to have considered as part of your qualifications for the position you are seeking.

1. Name of Current/Most Recent Employer				Address		Telephone Number	
Dates of Employment (Mo/Yr)		Rate of Pay		Average # hours worked per week	Supervisor's Name and Title	May we contact this employer?	
From	To	Starting	Ending				
Position Held				Reason for Leaving or Considering a Change			
List duties and responsibilities performed, skills used or learned, advancements and promotions							
2. Name of Next Previous Employer				Address		Telephone Number	
Dates of Employment (Mo/Yr)		Rate of Pay		Average # hours worked per week	Supervisor's Name and Title	May we contact this employer?	
From	To	Starting	Ending				
Position Held				Reason for Leaving or Considering a Change			
List duties and responsibilities performed, skills used or learned, advancements and promotions							
3. Name of Next Previous Employer				Address		Telephone Number	
Dates of Employment (Mo/Yr)		Rate of Pay		Average # hours worked per week	Supervisor's Name and Title	May we contact this employer?	
From	To	Starting	Ending				
Position Held				Reason for Leaving or Considering a Change			
List duties and responsibilities performed, skills used or learned, advancements and promotions							

4. Name of Next Previous Employer				Address		Telephone Number	
Dates of Employment (Mo/Yr)		Rate of Pay		Average # hours worked per week	Supervisor's Name and Title	May we contact this employer?	
From	To	Starting	Ending				
Position Held				Reason for Leaving or Considering a Change			
List duties and responsibilities performed, skills used or learned, advancements and promotions							

5. Name of Next Previous Employer				Address		Telephone Number	
Dates of Employment (Mo/Yr)		Rate of Pay		Average # hours worked per week	Supervisor's Name and Title	May we contact this employer?	
From	To	Starting	Ending				
Position Held				Reason for Leaving or Considering a Change			
List duties and responsibilities performed, skills used or learned, advancements and promotions							

EDUCATION:

Circle last year completed:

High School 1 2 3 4 School Name: _____

College 1 2 3 4 School Name: _____

Course of Study: _____

Graduate 1 2 3 4 School Name: _____

Course of Study: _____

Other (Business, Vocational, Military) School Name: _____

Course of Study: _____

Have you ever been convicted of, charged for and/or received a withheld judgment for a crime? YES ___ NO ___ (Being convicted of, charged for and/or receiving a withheld judgment for a crime will not necessarily disqualify an applicant.) If yes, please explain: _____

Are you over 18 years of age? YES ___ NO ___ Do you have a valid driver's license? YES ___ NO ___

Are you authorized to work in the United States? YES ___ NO ___
(Federal Law requires proof of identify and employment authorization for all new employees.)

Notice of Intent to Obtain Criminal History Background Check and Motor Vehicle Record Information

Please be advised should you be employed by Magic Valley Rehabilitation Services, Inc., that Criminal History Background information will be solicited through the Idaho Department of Law Enforcement and through the Idaho Department of Health and Welfare, and Motor Vehicle Record information will be solicited through DAC Services. Refusal to sign authorizations for the criminal history background and motor vehicle information to be obtained will result in employment being terminated.

Information contained in the Criminal History Background and Motor Vehicle Record checks can affect a person's continued employment with Magic Valley Rehabilitation Services. Specific procedures that are in compliance with the Fair Credit Reporting Act govern how Magic Valley Rehabilitation Services uses criminal history background and motor vehicle record information. Please ask the Administrative Secretary should you wish to know more about the procedures governing Criminal History Background and Motor Vehicle Record checks.

CERTIFICATION

By my signature below, I certify I have been informed upon applying for a job with Magic Valley Rehabilitation Services, Inc., that criminal history background and motor vehicle record checks will be requested if I am employed by Magic Valley Rehabilitation Services, that refusal to sign authorizations for the criminal background and motor vehicle record checks will result in employment being terminated, that information contained in criminal history background and motor vehicle record checks can affect continued employment with Magic Valley Rehabilitation Services, Inc.

DRUG AND ALCOHOL FREE WORKPLACE POLICY:

It is the policy of Magic Valley Rehabilitation Services, Inc. to maintain a workplace that is free from the effects of drug and alcohol use. Employees are prohibited from the illegal use, sale, dispensing, distribution, possession, or manufacture of illegal drugs, controlled substances, narcotics, or alcoholic beverages on MVRS premises or work sites. In addition, the Company prohibits the off-premises use of alcohol and controlled substances, as well as the possession, use, or sale of illegal drugs, when those activities adversely affect job performance, job safety, or the Company's reputation in the community. Violation of the MVRS Drug and Alcohol Free Workplace Policy may result in dismissal. Testing is conducted when: 1) hiring prospective employees, 2) a work-related accident has occurred, 3) a coordinator observes documentable symptoms of drug or alcohol use, or 4) reasonable suspicion of drug or alcohol use exists.

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I understand and agree that if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

I have had an opportunity to have my questions about his employment application's content and intent answered and understand its terms.

Signature

Date

APPLICATIONS ARE KEPT ON FILE FOR 60 DAYS

MAGIC VALLEY REHABILITATION SERVICES, INC.

APPLICANT REGISTER FORM

DATE: _____

YOUR NAME: _____

TITLE OF JOB(S) APPLYING FOR: _____

- REFERRED BY:
- Advertisement _____
 - Employment Agency _____
 - Company Website _____
 - Company Employee _____
 - Other _____

AFFIRMATIVE ACTION INFORMATION:

- MALE
- FEMALE
- WHITE
- HISPANIC OR LATINO
- BLACK OR AFRICAN AMERICAN
- ASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- TWO OR MORE RACES
- OTHER NON-WHITE
- DISABLED
- VETERAN

Magic Valley Rehabilitation Services, Inc. is an Equal Opportunity Employer. The information on this form is needed to comply with requirements for organizations who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is greatly appreciated.