



APPLICATION FOR EMPLOYMENT

CORPORATE OFFICE

600 North Blvd., W, Suite D
Leesburg, FL 34748
Phone (352) 787-9300
Fax (352) 787-4522

LCR LPT LCHC RTW

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color or any other classification in accordance with federal, state and local statutes, regulations and ordinances.			Date	This application will be active for a period of 30 days.	
Applicant Name (Please give complete legal name)		Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number	Home Phone & Cell Phone	
Present Address		City	State	Zip Code	
Previous Address (if resided at present address less than 7 years)			E-mail address		
Current open position you are applying for	Type of Position applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Any	Are you willing to provide call coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Shift desired <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> On Call <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		
Salary Requirement	Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date available for begin work	Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked at this facility or in a facility associated with LCR, LPT, LCHC or RTW? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name: _____			
How did you learn about this position? <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Internet <input type="checkbox"/> Current Employee <input type="checkbox"/> Other or Name of Employee: _____					
Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care program, or have you been convicted of a criminal offense related to the provision of health care items or services, but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list offense, disposition, & date of disposition for each conviction. (Convictions are not an automatic disqualification from employment)					
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO State: _____ License #: _____					
Within past five (5) years ticket history: _____					
Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____					
Have you ever had any DUI or DWI convictions?: <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____					
Education History	Type of School	School Name, City & State		Circle Last Year Completed in School	Degree or Certificate Earned
	High School			1 2 3 4 Graduated / GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other			From (Year) To (Year)	
	College			1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	
	College			1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other			From (Year) To (Year)	
	Graduate School			1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	
List your current professional licenses, certifications, & registrations you possess			Clerical or other skills you are proficient in <input type="checkbox"/> N/A		
TYPE	STATE ISSUED	EXPIRATION DATE	NUMBER	<input type="checkbox"/> Typing _____ words per minute	
				<input type="checkbox"/> Software _____	
				<input type="checkbox"/> Business machines and/or equipment you can operate: _____	
				<input type="checkbox"/> Other: _____	
Emergency Contact Name: _____					
Address: _____			Phone: _____		

Employment History Please provide your most recent 10 years of employment history, even if resume provided. Include periods of unemployment. Attach additional pages as needed.

Current or most recent	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
First Previous	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
Second Previous	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
Third Previous	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			

Professional References (Other than Relatives) Give two references that have comprehensive knowledge of your work.

1.	Name	Position	Complete Address	Phone: Work/Cell/Home	Years Known
2.					

<p>Please read carefully and sign in agreement:</p> <ul style="list-style-type: none"> I certify that the information in this application is true and complete, it may be verified by LCR/LPT/LCHC/RTW or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that LCR/LPT/LCHC/RTW or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I authorize any former employer, medical provider or institution to release information and documentation of my former employment, education, medical or other history which is deemed relevant to my application for employment, and I hereby release all such providers of information and LCR/LPT/LCHC/RTW from any liability in connection therewith. If employed, I acknowledge and agree that LCR/LPT/LCHC/RTW is the owner of the patient medical records. 	<ul style="list-style-type: none"> I understand that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check. I acknowledge that any offer of employment is subject to withdrawal at any time. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but rather reflects the policies and practices of LCR/LPT/LCHC/RTW. I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract. If employed, I agree to observe any and all policies, practices, and rules of LCR/LPT/LCHC/RTW which may be amended from time to time. Violation of any such policy, practice or rule may subject me to disciplinary sanctions including dismissal. 	<ul style="list-style-type: none"> I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that the facility may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Or for economic needs subject to the reasonable judgment of the employer. I agree at all times during my employment to consistently and satisfactorily meet prevailing license, certification or registration requirements as well as performance, competency and behavior standards and expectations. This includes the LCR/LPT/LCHC/RTW Code of Ethics and Customer Service Standards of Behavior. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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I have read and understand these conditions of employment.

Applicant's Signature	Date
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