

OREGON EMPLOYMENT APPLICATION

Rehabilitation Management Associates, Inc.

901 N. Curtis Rd., Ste. 204
Boise, Idaho 83706
(208) 367-3315

Position Applied For: _____

Employment Application

Name: _____
Last
First
Middle

Social Security Number: _____

Mailing Address: _____

Are you legally eligible for employment in the USA? Yes ____ No ____ (<i>Verification will be required</i>)	
Are you over 16 years of age? _____	
I am seeking: _____ (number of hours per week)	
Full Time	_____
Part Time	_____
PRN/Casual	_____
Available start date: _____	

Phone Number: _____
Home
Cell/Message

E-Mail Address: _____

Are you able to perform the essential functions of the position for which you are applying, with or without accommodation? Yes ____ No ____

How did you learn that this position was available? _____

Professional License, Certification or Registration Information:

Type of License/Cert./Reg.	License/Cert./Reg. No.	Expiration Date

If not licensed in Idaho or Oregon, have you applied for reciprocity in either state? Yes ____ No ____
 If Yes, from what state? _____

National Certification/Registration Number: _____ Expiration Date: _____

National Provider Identification Number: _____

CPR Certified: Yes ____ No ____

References: List three professional references.

Name	Address	Telephone	Years Known

Education School Name/Location	Number of years attended	Major field of study	Did you graduate? (yes/no)	Degree Obtained

Employment: List most recent employment first. Include summer and temporary jobs. Please explain periods of unemployment (e.g., *stayed home, schooling, volunteer work, etc.*). Be sure all your experience or employers related to this job are listed here, or use an extra sheet of paper, if necessary. Your resume will not be accepted as a substitute for a completed application. Incomplete applications will NOT be considered for processing.

Employer Name/Address:	Position/Duties:	Dates Employed: from: _____ to: _____
		Reason for leaving:
Supervisor's Name	Telephone	May we contact?

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		Reason for leaving:
Supervisor's Name	Telephone	May we contact?

Please summarize other experience related to the position for which you have applied:

I understand that RMA is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital status, sexual orientation, gender identity, veteran status or any other classification protected by law.

I grant permission to RMA to investigate my references and verify the employment and education information provided on this application and/or disclosed in the interview process. I further release RMA, my references and my former employers from any and all liability resulting from such investigation or the result of furnishing or receiving any information related to RMA's hiring process.

I understand that this application does not constitute an employment contract, and that if hired, my employment relationship will be at-will and may be terminated, by either RMA or me at any time, with or without cause or notice.

I consent to any and all medical examinations required by RMA. I further understand that if I am employed, I will be in an introductory period for at least 90 days commencing from the date of my employment. Upon termination of my employment, I authorize the release of reference information regarding my employment at RMA upon request by prospective employers.

I acknowledge RMA's requirement to successfully pass a drug and alcohol test as a condition of employment. I further acknowledge that I may be subject to a credit or criminal history background check as a condition of employment.

I grant permission to RMA to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release RMA from any and all liability resulting from such investigation.

I attest that I have not been listed by a state or federal agency as debarred, excluded or otherwise ineligible from participation in a Medicaid/Medicare program or any other state or federally funded health care programs. I further attest that I am not currently being investigated in any matter that could lead to exclusion from a Medicaid/Medicare program or any other state or federally funded health care program.

I certify that the information provided on this application is true and complete. I further understand that any misrepresentation or falsification of any information on this application or otherwise provided during the hiring process, regardless of when it is discovered, will be sufficient cause for elimination of consideration for employment or discharge from RMA.

Signature of Applicant

Date

Fair Credit Reporting Act Disclosure and Authorization

As part of the employment process and during the course of employment, Rehabilitation Management Associates, Inc. ("RMA") may obtain a Consumer Report from a "consumer reporting agency." A "consumer reporting agency" is a person or entity that, for monetary fees, dues or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports." The Fair Credit Reporting Act requires that we advise you that for purposes of employment, a Consumer Report may be obtained which may include information about your credit standing or capacity, character, criminal background, general reputation, personal characteristics, or mode of living. If RMA obtains a consumer report about you and intends to make an employment related decision that directly and adversely affects you, based in whole or in part on the information in the report, you will be provided a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act as a "consumer" with regard to consumer reports and consumer reporting agencies.

By signing below, I voluntarily authorize RMA to obtain consumer reports about me from a consumer reporting agency and to consider any such consumer reports when making decisions regarding my application for employment or, if hired, my employment at RMA. Further:

I hereby authorize RMA and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my resume and/or obtaining other information which may be material to my qualifications for employment and, if applicable, my continued employment with RMA.

I release RMA and/or its agents and any person or entity that provides information regarding my employment, education, character and qualifications, from any and all liability, claims or law suits for any damages resulting from requesting or providing any such information.

_____ **Signature** _____ **Date** _____

Last Name	First	MI
Other Last Names Used _____	Date Changed: _____	
Social Security Number: _____	Date Changed: _____	
Driver's License: _____	Date of Birth: _____	
Current Address: _____	State: _____	
Phone: _____	City	State Zip

List other cities or towns where you have lived for the past seven years:

City/State/Zip	Date moved
City/State/Zip	Date moved
City/State/Zip	Date moved

Note: The above information is required for identification purposes only and is in no manner used as a qualification for employment.

Date Requested: _____	Please perform searches below:
Credit <input type="checkbox"/>	FACIS.OIG Compliance <input type="checkbox"/>
SSN Verification <input type="checkbox"/>	Licenses Verification/ISBM <input type="checkbox"/>
Criminal File Search <input type="checkbox"/>	Sexual Offender Report <input type="checkbox"/>

**VOLUNTARY SELF-IDENTIFICATION
(for statistical use only)**

Rehabilitation Management Associates, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, marital status, sexual orientation, gender identity, veteran status, or any other classification protected by federal, state or local law. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire.

Please complete in full:

Name (full legal name)

Position Applying For

Sex: (Circle appropriate response) Male Female

Indicate Race/Ethnic Group:

- White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

- Black:** A person having origins in any of the Black racial group of Africa.

- Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the India sub-continent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

- I do not wish to self-identify.**