

EMPLOYMENT APPLICATION

Rehabilitation Management Associates, Inc.

901 N. Curtis Rd., Ste. 204

Boise, Idaho 83706

(208) 367-3315

Position Applied For: _____

Seeking _____ (number of hours per week) Available Start Date: _____

Full time (36+) ☐ Mixed (30-35) ☐ Part time (20-29) ☐ PRN/Casual ☐

Full Legal Name:			
	First	Middle	Last

Mailing Address: _____

Street

City/State

Zip

Phone Number: Cell/Message: _____ Home: _____

Email Address: _____

Social Security Number: _____

Are you legally eligible for employment in the USA? Yes _____ No _____ (Verification will be required)

Are you over 16 years of age? _____

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

Have you ever been convicted of a misdemeanor or felony (including withheld judgments or other plea agreements)?
Yes _____ No _____ ***If yes or if you are not sure, please explain below: (a yes answer will not necessarily disqualify you from employment)***

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, City and State Location (name, city and state required)	Number of years attended	Major field of study	Did you graduate?	Degree Obtained

Employment: List up to 5 years work history with 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 completed application. Incomplete applications will NOT be considered for processing.

Employer Name:	Employer City/State:	Employer Address:
Position Title/Primary Duties:	Final Salary:	Dates of Employment: From: To:
Supervisor's Name: (May we contact)	Telephone:	Reason for leaving:
Y / N		

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Y / N		

Please summarize the **total years of experience** and/or 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