

Application for Employment

Premiere Rehabilitation & Wellness Center of Lancaster, LP dba The Ellison John Transitional Care Center 43830 10th St W., Lancaster, CA 93534

Last Name	We are an Equal Employme First Name Fir		Middle Name		Preferred Name	
Street Address		Cit.		State	Zin ooda	
Street Address			City		State	Zip code
Email Address			Cell Phone		Home Phone	
Email Address How did you hear about our Company?			Were you referred to the Company? If yes, by whom? Yes No			
Do you have any relatives that Yes No	work for our Company?	If yes, please list name	and relation:	Have you ever worke	ed for our Company?	If so, when?
Primary Position Desired	Secondary Position	on Desired	Salary Desire	d	When are you able	to start?
What is your availability to worl	<pre>(? me, Number of Hours</pre>		What shift(s)	are you available?	Shift Nigh	t Shift
Available to work overtime? (if n		kends?	Able to travel?		Do you have a relia	
Yes No	Yes	No	Yes	No	transportation to/fro	m work?
If hired, can you provide proof	of eligibility to work in the	United States?	l	ars of age or older?	Can you furnish pro	of of your age?
Yes No			Yes No		Yes	No
Education Li High School/GED	st name and location.		Grade/Y	ears Completed	Graduated?	Major
-			9 10	11 12	Yes No	N/A
College/Junior College Graduate School Business/Trade School			1 2	3 4	Yes No	
Graduate School			1 2	3 4	Yes No	
Business/Trade School			1 2	3 4	Yes No	
List any foreign languages that	you know:	Software Skills	1	Relevant Spe	ecial Skills/Experience	e:
Re	ead Write Speak	Excel Krono	s PointClic	kCare		
Re	ead Write Speak	Word Outloo	ok Windows			
				l .		
List all Licenses, Certification		signations Earned License Number	None			ation Data
Туре	State	License Number	Nam	e on License	Expir	ation Date
Have you ever used any other lif yes, please list all nam	-	tly using?			Yes	No
As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail:						☐ No
Are you able to perform the essential job functions of the position for which you are applying, with or without accommodation?						No
If yes, please list all names used: As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail: Are you able to perform the essential job functions of the position for which you are applying, with or without accommodation? If required, are you willing to have a pre-employment physical and/or drug test?					Yes	☐ No
An affirma	ative answer to any of the	se question may not ne	cessarily disqua	alify you from conside	ration of employment	
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		e an Equal Employm					
List the last two (2) employers beg							
Name	Address	Address - including city, state and zip code					
Telephone Final Job Title Name Telephone	Supervisor Name/T	Title	Employed Fro	om Year	Employed To Month	Year	
Final Job Title	Work Performed			Reason for Leaving			
Name	Address	s - including city, sta	ate and zip code	•			
Telephone	Supervisor Name/Title		Employed From Month Year		Employed To Month Year		
Final Job Title	Work Performed		Reason for Leavi		ng T		
List professional references not re	related to you.						
Name	Position and Company		E-Mail Address		Telephone Number		
Name	Position and Company		E-Mail Address		Telephone Number		
Name	Position and Company		E-Mail Addres	ss	Telephone Number		
employer to hire me or to continue to enhe information set forth in this application application in the information set forth in this application in the information including but not limited to understand that the Company may reclaised our part and an authorization permitting lease a physical evapoination, drug screen.	ion and obtaining any the references provid quire a background ch ting the Company or its at prior to employment	additional information in this application eck as a condition of agent to conduct at or during the cours	In considering mon relating to my n for employment of employment with investigation.	background that it ma t. th the Company, in w The Company will use employment, I may b	loyment, I consent to the syneed to assess my somethic case I will be request any such report(s) so the external to the extern	ne Company verifying uitability for ired to sign a lely for employment-	
ne information set forth in this application in the information set forth in this application in the information set forth in this application in the information including but not limited to understand that the Company may reclisclosure and an authorization permitting elated purposes. I also understand the lake a physical examination, drug screen and the information of the information of the information of the information in th	tion and obtaining any of the references provided upuire a background chaining the Company or its at prior to employment ening, or similar test or company and I mutual and/or my acceptance of sparent, and affiliated at be subject to mandate required by law. The enited to class, collective to the collective of the col	additional information and information and information as a condition of a agent to conduct a conduct and information as a conduct and information and	In considering mon relating to my non relating to my nor relating to my nor relating to my nor relating to my nor employment with in investigation. The of my potential condition of hiring esolution by binding esolution claims and prement of this arest hat are in efforcement of this arest hat are in efforcement of this arest hat are in efforcement shall be seving the processing ment shall be seving the processing the processin	ny application for emp background that it mand t. Ith the Company, in with the Company will use employment, I may be gor continued employing arbitration of all clampany may have agains, successors and assexual assault or sexual lest extent allowed by and individual claims unagreement and the arbifrect when I sign this appuest to the Company ther costs, unless other in the costs, unless other the costs, unless other the costs, unless other arbifred by the court. I an eutral arbitrator instement and attorney. I under	loyment, I consent to to the process of the externation of the externa	ne Company verifying uitability for uitability for a lely for employmenting ave against the This agreement does that I elect not to brought solely in an private Attorneys' Arbitration will be procedures), a copy of opear the costs of the wed by law and lively by a court of any and all claims or or jury trial, which the it to take a copy of this	
ne information set forth in this application imployment including but not limited to understand that the Company may recisclosure and an authorization permittielated purposes. I also understand that ake a physical examination, drug scree and an authorization permittielated purposes. I also understand that ake a physical examination, drug scree and the set of or related to my job application and company and/or its employees, agents of include claims that, by law, may not subject to arbitration, unless otherwise individual capacity, including but not limbered Act. The Federal Arbitration A conducted in accordance with JAMS Enthich is available online at www.jamsachitrator, forum and filing fees. Each pwarded by the arbitrator. Any and all information in the company and I hereby expressly forever the set of the set o	cion and obtaining any of the references provided quire a background ching the Company or its at prior to employment ening, or similar test or company and I mutual and/or my acceptance of s., parent, and affiliated to be subject to mandator required by law. The indict of the subject to mandator required by law. The indict of class, collective mployment Arbitration dr.org, by calling JAMS party shall bear its own issues regarding the senforceable part or prompany exclusively by fiver give up. I understart edures with me and reit the arbitration procedi	additional information and information and in this application as a condition of a agent to conduct a conduct and in or during the course of a conduct and in or during the course of a conduct and in the course of a conduct and in the conduct	In considering mon relating to my non relating to my non relating to my non relating to my non remove the employment with investigation. The of my potential condition of hiring resolution by binding that the Corall predecessors does it include seet that, to the full the action claims and the action claims and reset that are in effert, and/or upon recys' fees and all of and enforceability ment shall be sevitation before a right to consult with of the application.	ny application for emp background that it mand t. the the Company, in what it may be employment, I may be gor continued employing arbitration of all clampany may have agains, successors and assexual assault or sexual elect extent allowed by the dindividual claims under the arbitration of this agreement and the arbitration of this agreement severed by the court. I an eutral arbitrator instendant and the record of the court. I an autorney. I under later. I have been given.	loyment, I consent to to the process of the externation of the externa	ne Company verifying uitability for irred to sign a lely for employmentate permitted by law, to whether or not arising ave against the This agreement does that I elect not to prought solely in an private Attorneys' Arbitration will be procedures), a copy of pear the costs of the wed by law and ively by a court of any and all claims or or jury trial, which the I to take a copy of this ully read and	

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