



CENTER FOR REHABILITATION & DEVELOPMENT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Center for Rehabilitation & Development is proud to be an equal opportunity employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at CRD will be based on each individual's merit, qualifications and demonstrated abilities. In compliance with Title VII of the 1964 Civil Rights Act, and other applicable federal and state statutes, CRD does not discriminate in employment practices on the basis of race, color, religion, sex, national origin, ethnicity, age, disability, veteran status or any other characteristic protected by law.

Date of Application _____ Clinic Location _____

Personal Information

Name _____			
_____	_____	_____	_____
_____	_____	_____	_____
Social Security Number _____			
Address _____			

Phone _____			
_____		_____	
Home		Office	

Employment Information

What position are you applying for? _____	
Date you can start _____	Salary Desired _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to CRD before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____ When? _____	
Have you had your driver's license revoked or suspended in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a valid work permit? <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, please explain _____	

Have you worked for any firm under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give name _____	
Would you take a physical examination/drug test if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are applying for a job with minimum age requirements, you may be required to submit proof of age.	

Clinics Located In: Roanoke • Lynchburg • Blacksburg • Bedford

Clinic and Administrative Offices

2727 Electric Road, Suite 104, Roanoke, Virginia 24018

540-989-3550

Fax 540-989-2776

Education

Name/Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied or Degree/Certificate Received
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subject of Special Study or Research Work: _____

Job Related Skills (computer, typing, etc.) _____

Employment

Please begin with your most recent position

Dates of Employment	Name of Employer	Address and Phone Number Name of Supervisor	Position	Salary	Reason for Leaving
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	
From: To:				Start: End:	

Professional Information (Therapists)

Current Professional License Number _____ Professional Certificate Number _____ State of Licensure _____ Your Name as it Appears on License or Certificate _____

References

List below three references not related to you, whom you have known at least one year. Include at least one business reference.

Name	Address and Phone	Position	Years Acquainted

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether of not applications are being accepted at the time.

I hereby understand and acknowledge that any employment relationship with this organization is subject to the doctrine of employment-at-will except where a written employment contract exists. Accordingly, either CRD or I can end the relationship at any time for any reason, or for no reason at all, so long as there is no violation of applicable law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that Center for Rehabilitation and Development may conduct background checks, which could include criminal history checks to determine my suitability for employment and to confirm the information presented in this application.

Signature of Applicant _____
Date

For Personnel Department use Only

Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Date of Interview _____			Name of Interviewer _____		
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Employment _____
Job Title _____	Department _____		Supervisor _____		