



2502 Mt. Moriah Rd, Suite A-148
 Memphis, TN 38115
 Office: (901) 546-7660
 Fax: (901) 546-7663
 www.functionalindependence.com

APPLICATION FOR EMPLOYMENT

The policy of the Functional Independence, Inc. prohibits discrimination in employment because of race, color, religion, national origin, pregnancy, sex, handicap, disability, creed, veteran's status, or age of individuals who are at least 40.

Functional Independence, Inc. reserves the right to consider an applicant for other position vacancies for which he/she qualifies other than those listed on the employment application. Applications will be kept on file in the Human Resources office for a period of 90 days.

APPLICATION FOR:	DATE OF APPLICATION:
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PERSONAL INFORMATION

Name: _____ SSN: _____ - ____ - ____
Last First Middle

Address: _____
Street, Apt # City State Zip

Are you at least 18yrs of age? Yes No Home Phone: _____

Are you eligible to work in the U.S.? Yes No Work Phone: _____

Have you ever been employed with Functional Independence, Inc.? Yes No

If yes, where? _____ Employment Dates: From ____/____/____ To ____/____/____
Mo Yr Mo Yr

Positions Held: _____ FT PT PRN Other _____

Relatives currently working at Functional Independence, Inc.:

Employee Name	Site Location	Current Position

Have you ever been convicted in a court other than for a traffic violation? Yes No

If yes, explain: _____

EMPLOYMENT INFORMATION

TYPE OF EMPLOYMENT PREFERRED

Full Time Part Time Occasional (PRN) Temporary Other _____

Are you available to work the following shifts: Any Days Evenings Rotating

Are you available to work weekends?: Yes No Any days, shifts you cannot work? _____
 All
 Every Other
 Occasional

Desired Salary	\$		<input type="checkbox"/> per hour	<input type="checkbox"/> Annually
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PREVIOUS EMPLOYMENT

- Yes No Are you presently employed?
- Yes No Have you ever been employed?
If so, list below all present and past employment beginning with the most recent.
- Yes No May inquiry be made of your present employer regarding your record of employment?

All other names by which you have been known during the last seven years: _____

Date of Employment From _____ To _____		Title of Position Held		Unit/Department	
Company Name:			Phone Number:		
Address		City	State	ZIP Code	
Average Hours/Week Worked		Starting Salary \$ _____ per		Final Salary \$ _____ per	
Reason for Leaving			Supervisor		
Duties/Responsibilities					

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Company Name:			Phone Number:		
Address		City	State	ZIP Code	
Average Hours/Week Worked		Starting Salary \$ _____ per		Final Salary \$ _____ per	
Reason for Leaving			Supervisor		
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Reason for Leaving			Supervisor		
Duties/Responsibilities					

NOTE: If account of work experience is not continuous, please explain. (use additional page if needed)

EDUCATIONAL/EXPERIENCE		(Please circle highest grade completed)	
Grade School	1 2 3 4 5 6 7 8	GED	DIPLOMA
High School	_____ Dates Attended: From _____ To _____		
Location	_____		
	Address (if known)	City	State ZIP Code (if known)

COLLEGE					
Name/Location (City, State)	Dates Attended From To	Circle Academic Years Completed	Graduate Yes No		Type Degree Major
		1 2 3 4 Other: _____			
		1 2 3 4 Other: _____			
		1 2 3 4 Other: _____			

GRADUATE OR PROFESSIONAL SCHOOL					
Name/Location (City, State)	Dates Attended From To	Circle Academic Years Completed	Graduate Yes No		Type Degree Major
		1 2 3 4 Other: _____			
		1 2 3 4 Other: _____			
		1 2 3 4 Other: _____			

OTHER SCHOOLS, CERTIFICATIONS, TRAINING, REGISTRATION, LICENSURES, ETC. (TRADE VOCATIONAL, MILITARY, BUSINESS, TECHNICAL, PROFESSIONAL, ETC.)					
Name/Location (City, State)	Dates Attended From To	Type of Program	Graduate Yes No		(License, Certification, etc)

List all additional experience, training, education, skills or qualifications related to the position for which you are applying. (For example: note clinical areas of experience, clerical skills, type machinery or equipment operated) PLEASE BE SPECIFIC.		
Clerical Skills:	Typing: wpm	Other:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	State	Renewal Date
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FOR CERTIFIED, LICENSED OR REGISTERED APPLICANTS ONLY					
<input type="checkbox"/> Licensed	<input type="checkbox"/> Registered	Certificate No.	Renewal No.	Expiration Date	Issued In:
<input type="checkbox"/> Certified	<input type="checkbox"/> Eligible				State

LIST TRADE/PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER. DONOT LIST THOSE INDICATING RACE, RELIGION OR NATIONAL ORIGIN.

MILITARY SERVICE	
Branch: _____	Rank at Discharge: _____
Dates of Service: _____	Specialty: _____
Will you be able to provide Functional Independence, Inc. with a copy of your DD-214? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION

In case of emergency, notify:

Name	Telephone Number	Relationship
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Are you currently obligated under a scholarship loan arrangement or have you signed a scholarship loan agreement with a school and/or another employer? Yes No

If yes, explain: _____

REFERRAL SOURCE

What led you to apply for a job within Functional Independence, Inc.?

- Reputation of Functional Independence, Inc.
- Advertisement Specify _____
- Employment Agency Name _____
- Career Day Specify _____
- Mail Received Specify _____

Were you referred by:

- Friend/Relative
 - Former Functional Employee
 - Current Functional Employee
 - Other
- Name: _____
 Specify _____

JOB APPLICANT'S CERTIFICATION

Following any conditional offer of employment, I understand that I will be required to complete a drug test if requested, and further consideration for employment as well as any final offer of employment will be conditional upon the successful completion of a drug test.

In connection with my employment application and if hired during the duration of employment, I understand that investigative background inquiries will be made on myself that may include consumer, criminal, driving, academic and other reports. These reports will include information as to my character, work habits, performance and experiences along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested from various federal, state, and other agencies which maintain records concerning my past academic, employment, driving, credit, criminal, civil, and other experiences. I authorize release of information to Functional Independence, Inc. for these inquiries.

The statements made in the application are true and complete to the best of my knowledge, and I understand that any incorrect statements or omissions will be the basis for my disqualification for employment consideration or termination, whenever discovered.

Applicant's Signature _____ Date _____

HUMAN RESOURCES DEPARTMENT ONLY

Was Applicant Interviewed? Yes No Interviewer: _____ Date: _____

Was an Offer Made? Yes No If made, was it accepted? Yes No If not, why? _____

Hire Date: _____ Full Time Part Time PRN Other _____ Salary _____

Location: _____ Position: _____ Employment Authorization: _____
 Name