5313 Decker Drive, Baytown, Texas 77520

(281) 838-4477 * Fax (281) 838-3465

APPLICATION FOR EMPLOYMENT

Please Print

Please fill out this application to the best of your ability. Bay Area Rehabilitation Center is an equal opportunity employer. The Center does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, or any other status or condition protected by applicable federal or state laws.

Position(s) applied for		Date/_/
NameLast	First Middle	
Address		
City/State/Zip		
Phone #	Mobile/Pager/Other #	E-mail
Referred by		
Date available for work	What is your	desired salary range? \$
Type of employment desired	☐ Full-Time ☐ Part-Time ☐ T	emporary
Special training or skills (lan	guages, computer skills, etc.) that would ben	efit you in the job for which
you are applying:		
Have you ever been employe	d here before?	Position
If less than 18 years of age, c	an you provide proof of eligibility to work?	☐ YES ☐ NO
Are you legally eligible for e	nployment in this country? YES	□NO
Have you ever been convicted	d of a felony?	
If yes, please provide date(s)	and details	
Are there any relevant legal	matters you wish to disclose? YES	□NO
If yes, please provide date(s)	and details	
If required, are you available	e to travel? YES NO	
For positions that require dr	iving, do you have appropriate transportatio	on and license? YES NO

EMPLOYMENT HISTORY

Starting with you most recent employer, assignments, or volunteer activities, provide the following information. If you include volunteer activities, please exclude organizations that might include race, color, religion, national origin, disability, or other protected status.

1. Employer		Phone			
Supervisor	Employed From	То			
Address					
Position	Compensation [Salary Hourly			
Summarize work performed and job responsibil	ities				
Reason for leaving					
May we contact for reference? YES		ER			
2. Employer		Phone			
Supervisor	Employed From	To			
Address					
Position	Compensation [Salary Hourly			
Summarize work performed and job responsibil	ities				
Reason for leaving					
May we contact for reference? YES		ER			
3. Employer		Phone			
Supervisor	Employed From	То			
Address					
Position	Compensation	Salary Hourly			
Summarize work performed and job responsibil					
Reason for leaving					
May we contact for reference? YES	□ NO □ LAT	ER			

EDUCATIONAL BACKGROUND

High School: Name and location		
Course of study		Diploma or GED
College: Name and location		
Course of study		Degree or Diploma
Graduate School: Name and location		
Course of study	Did you graduate? YES NO	Degree or Diploma
Vocational, or other, training		
Name and location		
Course of study	Did you graduate? ☐ YES ☐ NO	Degree or Diploma
Professional Certification	License No Expira	ation Date
Continuing Education		
REFERENCES (OTHER THAN RELATIVE		
1. Name		_Phone
Relationship		_Years Known
2. Name		_Phone
Relationship		_Years Known
3. Name		_Phone
Relationship		_Years Known
PROFESSIONAL, TRADE, BUSINESS, OR Please exclude organizations that might indicate status.		

APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any information, missions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

As part of its employment screening and selection procedures, the Center requires that a background investigation be conducted. I expressly authorize, without reservation, the Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me.

I understand that the Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

In consideration of my employment, I agree to conform to the Center's rules and regulations and I understand that all employment is At-Will. I am free to resign at any time, and the Center reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Center's CEO.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand, and accept all te	rms of the forego	ing Applicant S	tatement.	
Signature of Applicant:		Date:	1	1
FOR OFFICE USE ONLY				
Hire Date: Start Date:	Position:			
Department: Allocation		(o/Dept):		
Compensation: Salary/Exempt Hourl	y/Non-Exempt	☐ Fee for Se	ervice \$	
Employee Type: Full-Time Part-Time/Regula	r 🗌 Temp	☐ Contract	tor	
Standard Hrs./Week: 10-hrs 20-hrs 30-hr	s 40-hrs	Other:		
Hire Source: Agency Print/Internet Ad	☐ Walk-in	Employe	ee Referral*(name)
		*		
Notes:				
ATTACHMENTS: Resume References A				
Supervisor Signature		Do	ite /	1