

Indicate any foreign languages you can speak, read and/or write: _____.

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____.

Describe any job-related training received in the United States military: _____.

EMPLOYMENT EXPERIENCE (Last 3 years)
(May attach Resume Instead)

| Length of Service From – To | Name and Address of Employer Most Recent First | Job Title | Salary First/last | Reason for Leaving |
|--------------------------------|---|-----------|----------------------|--------------------|
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REFERENCES

List below the names of three persons, not related to you, whom you have known for at least one year.

| Name | Address & Telephone # | Business | Years Acquainted |
|----------|-----------------------|----------|---------------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Have you ever been excluded from Medicare, Medicaid, or other state or federal program? Yes No

If yes, please explain: _____
_____.

Have you ever been denied licensure or certification in any state or by any licensing agency? Yes No

If yes, please explain: _____
_____.

Have you ever had disciplinary action by any licensing or credentialing agency? Yes No

If yes, please explain: _____
_____.

(Please note that it is Key Rehabilitation's policy to routinely check the National Practitioner Database from exclusion from the Medicare Program).

EMPLOYEE ACKNOWLEDGMENT

I certify that all of the statements made in this application are true and correct and that I have not misrepresented or withheld any information. I understand that the falsification of this information may result in immediate dismissal. I further acknowledge that any employment offered to me or which I accept is employment at will and may be terminated by me or by the company at any time with or without cause or reason. I understand that any offer of employment may be contingent upon a background investigation, which may include criminal, motor vehicle and/or previous employment. I hereby authorize all references and former employer listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company.

Employee Signature: _____ Date Signed: _____