

An Equal Opportunity Employer  
**MURPHY REHABILITATION**  
**APPLICATION FOR EMPLOYMENT**

**Murphy Rehabilitation**  
3992 E. US Hwy 64 Alt.  
Murphy, NC 28906

**Please Read Before Filling Out This Application**

Murphy Rehabilitation does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Murphy Rehabilitation **intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for thirty (30) days. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_

Are you 18 years or older? Yes  No

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Have you ever plead guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed or expunged convictions Yes  No

If yes, explain: \_\_\_\_\_

*(A "yes" answer to this question does not necessarily preclude consideration for employment).*

If related to anyone in our employment, state name, relationship and department \_\_\_\_\_

Have you ever used another name? Yes  No  If so, what other names? \_\_\_\_\_

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to check on your work and educational records? Yes  No

If yes, please explain: \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? Yes  No

(Please request a job description for the position for which you are applying)

**EMPLOYMENT DESIRED**

**(YOU MUST APPLY FOR A SPECIFIC JOB. DO NOT PUT "ANY POSITION AVAILABLE". IF SO, THIS APPLICATION WILL BE REJECTED.)**

Hours I can work:  7 am – 3 pm  3 pm – 11 pm  11 pm – 7 am  Other \_\_\_\_\_

Job Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied here before? Yes  No  If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

## WORK HISTORY

Please list the names of your present and previous employers for the past ten years in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

From (mo./yr.)	Company Name	Telephone (     )	Starting salary \$           per
To (mo./yr.)	Address                      City                      State                      Zip	Final Salary \$           per	
Supervisor's Name/Title	Type of Business	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			
From (mo./yr.)	Company Name	Telephone (     )	Starting salary \$           per
To (mo./yr.)	Address                      City                      State                      Zip	Final Salary \$           per	
Supervisor's Name/Title	Type of Business	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			
From (mo./yr.)	Company Name	Telephone (     )	Starting salary \$           per
To (mo./yr.)	Address                      City                      State                      Zip	Final Salary \$           per	
Supervisor's Name/Title	Type of Business	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

## EDUCATIONAL DATA

Circle Highest Grade Completed:

1   2   3   4   5   6   7   8   9   10   11   12	1   2   3   4   5	1   2   3   4		
<small>Grade, Junior High or High School</small>	<small>College or University</small>	<small>Graduate School</small>		
<b>Type of School</b>	<b>Name of School</b>	<b>Location</b>	<b>Major Subject or Course of Study</b>	<b>Did You Graduate?</b>
High School				
College				
Business or Trade School				
Other				
Other				

## SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES (Not Personal Acquaintances)

Name #1: _____	Phone # _____
Occupation: _____	Time known? _____
Name #2: _____	Phone # _____
Occupation: _____	Time known? _____
Name #3: _____	Phone # _____
Occupation: _____	Time known? _____

## PROFESSIONAL / CERTIFIED PERSONNEL

Certificate / License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last 4 digits of SS#: (CNA Applicants Only) \_\_\_\_\_

Has your license ever been suspended, revoked or denied in any state? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently under investigation? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT AND AGREEMENT

All offers of employment from Murphy Rehabilitation are contingent upon the successful completion of pre-employment references, drug testing, criminal background investigation, and licensures and education verification (as applicable).

I understand that all applicants must provide documents proving U.S. citizenship or eligibility to work legally in the U.S. within three (3) days of employment.

Pursuant to Murphy Rehabilitation policies, we may not employ any individual who has been suspended, excluded, debarred or is otherwise ineligible to participate in any federal reimbursement program.

**Work Rules.** In the event of my employment with Murphy Rehabilitation, I agree to comply with all rules and regulations of Murphy Rehabilitation.

**Drug/Alcohol Test.** I understand that Murphy Rehabilitation reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. Should I be extended an offer of employment, I understand that I will be scheduled for a drug test prior to my start date. If that test is positive, I will not receive an offer of employment. In the event an offer of employment has already been made, a positive test result may result in the withdrawal of that offer of employment. If I refuse to take the test, my application for employment shall be deemed withdrawn.

**Background Investigation.** I understand that Murphy Rehabilitation's consideration of my application includes an investigation such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

**At Will Employment.** If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by Murphy Rehabilitation at any time and for any reason whatsoever, with or without good cause at the option of either Murphy Rehabilitation or myself. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and Murphy Rehabilitation.

**Arbitration:** Any controversy or claim arising out of, or relating to, this Pre-Employment Application shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect in the State of North Carolina and judgment upon any arbitration award may be entered into in any court having jurisdiction thereof. The arbitration shall be held in Cherokee County, North Carolina.

I hereby authorize Murphy Rehabilitation, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, such as criminal convictions and background, and further, authorize my present employer or any former employer or any other party, including any Government or law enforcement agency and the references I have listed, to disclose to Murphy Rehabilitation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure, except those which would indicate age, race, color, sex, or national origin. In addition, I hereby release Murphy Rehabilitation, and I understand that false statements or consequential omissions of any kind are sufficient grounds for denying employment or for dismissal.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I understand that if I have any questions regarding this agreement, I may ask a Company representative before signing.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREEMENTS AND UNDERSTAND THE SAME. MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE	— COMPANY USE ONLY —	DO NOT WRITE BELOW THIS LINE
Disposition _____	Is application complete & signed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Classification _____	Is drug test complete with acceptable results? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Employed _____	Licenses/Certifications verified & in good standing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Rate _____ per _____	Criminal Background Check complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Department _____	Minimum of one work reference checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Clock # _____	Interview completed? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
	New employee notification form completed and signed by employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	National Sex offender registry checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	OIG Exclusion list checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Employee Service Standards Signed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application information checked by: Name _____ Date _____		