



Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (First, M.I., Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

RHI at 38th Street

Other

Phone # (Day): ( \_\_\_\_\_ ) \_\_\_\_\_

Phone # (Evening): ( \_\_\_\_\_ ) \_\_\_\_\_

Best Time To Call: \_\_\_\_\_ AM / PM

E-Mail: \_\_\_\_\_

# EMPLOYMENT APPLICATION

Please Complete in Full Even If You Submit A Resume.  
Please Use Ink.

## Human Resources Use Only

DOH _____	Salary \$ _____
Lab # _____	FSLA E/NE _____
File # _____	FT / PT / Supp _____
Vac # _____	Shift _____
Kronos _____	Hours _____
Physical _____	Unit _____
	FTE _____

Position Desired: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

Write Job Listing Number Here: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Names of Relatives Who Work Here: \_\_\_\_\_

Previously employed by RHI from: \_\_\_\_\_ to \_\_\_\_\_

### Tell us what you are available to work:

Status:  Full Time  Part Time  Supplemental  
 Temporary (From \_\_\_\_\_ To \_\_\_\_\_ )

Schedule:  Weekends Only  
 Weekdays Only  
 Weekends and Weekdays

Hours:  Day Shift  
 Evening Shift  
 Night Shift

Will you work overtime when necessary?  Yes  No

### What led you to apply at Rehabilitation Hospital of Indiana? (Check One):

- Advertisement  Job Line  Walk-In
- Campus Recruitment  Employment Agency  Job Fair
- Community Service Organization  Employment Training and Services Department
- Internet  Other (Describe): \_\_\_\_\_
- Employee Referral (Employee's Name): \_\_\_\_\_

Are you under 18 years of age:  No  Yes If Yes, an Employment Certificate will be required.

If not a citizen of the USA, do you have the right to remain and work in the USA?  
 Yes  No

Have you ever been convicted of a crime?  No  Yes

If Yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  No  Yes

If Yes, please explain: \_\_\_\_\_

Are you on layoff and subject to recall?  No  Yes

If Yes, please explain: \_\_\_\_\_

Are you currently bound by a non-competition or trade secret agreement?  No  Yes

If Yes please explain: \_\_\_\_\_

It is the policy of the Rehabilitation Hospital of Indiana, Inc. that equal employment opportunities be available to all without regard to race, color, sex, sexual preference, religion, national origin, age, or disability/handicap. Rehabilitation Hospital of Indiana will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

**Our Values:** Respect • Independence • Quality Service • Inventiveness • Service to Community

**EDUCATION**

School	Name, Address, City & State	Circle Last Year Completed				NOTE Must Complete Post-High School		Major or Course of Study
		1	2	3	4	Date Graduated	Degree	
ELEMENTARY		5	6	7	8			
HIGH		9	10	11	12			
BUSINESS/VOCATIONAL		1	2	3	4			
COLLEGE		1	2	3	4			
GRADUATE		1	2	3	4			
POST-GRADUATE		1	2	3	4			

Describe any professional internship, residency, fellowship, or any other relevant education or training. Please include: profession, institution, dates, and instructor.

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**RECORD ALL CURRENT PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRIES**

Type	State	Issuing Authority	License Number	Expiration Date

If not licensed in Indiana, have you applied for Indiana Licensure?  Yes  No If Yes, when did you apply? \_\_\_\_\_

**HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR TERMINATED?**  Yes  No

If yes, please explain why and when: \_\_\_\_\_

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**AWARDS, PROFESSIONAL OR CIVIC MEMBERSHIPS**

Please list any awards, professional or civic memberships that do not disclose your race, color, sex, sexual preference, religion, national origin, age or disability/handicap.

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## EMPLOYMENT

May we contact your present employer?  Yes  No

If No, please explain: \_\_\_\_\_

### YOU MUST COMPLETE THIS SECTION. PLEASE COMPLETE THIS SECTION EVEN IF YOU HAVE SUBMITTED A RESUME.

Starting with your present or most recent employer, please include ALL employment you have had. Include any periods of unemployment with reasons. Attach a separate sheet if needed.

Current Company Name			Job Title			
Street Address			City	State	Zip	Phone Number ( )
Date hired	Date ended	Supervisor's Name (Last, First):			Hourly Rate of Pay: _____ or Annual Rate of Pay: _____	
Describe Your Duties:						
<input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated	Reason For Leaving:			Name Used During This Period:		
Company Name			Job Title			
Street Address			City	State	Zip	Phone Number ( )
Date hired	Date ended	Supervisor's Name (Last, First):			Hourly Rate of Pay: _____ or Annual Rate of Pay: _____	
Describe Your Duties:						
<input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated	Reason For Leaving:			Name Used During This Period:		
Company Name			Job Title			
Street Address			City	State	Zip	Phone Number ( )
Date hired	Date ended	Supervisor's Name (Last, First):			Hourly Rate of Pay: _____ or Annual Rate of Pay: _____	
Describe Your Duties:						
<input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated	Reason For Leaving:			Name Used During This Period:		
Company Name			Job Title			
Street Address			City	State	Zip	Phone Number ( )
Date hired	Date ended	Supervisor's Name (Last, First):			Hourly Rate of Pay: _____ or Annual Rate of Pay: _____	
Describe Your Duties:						
<input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated	Reason For Leaving:			Name Used During This Period:		
Company Name			Job Title			
Street Address			City	State	Zip	Phone Number ( )
Date hired	Date ended	Supervisor's Name (Last, First):			Hourly Rate of Pay: _____ or Annual Rate of Pay: _____	
Describe Your Duties:						
<input type="checkbox"/> Voluntary <input type="checkbox"/> Terminated	Reason For Leaving:			Name Used During This Period:		

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize your qualifications and special skills acquired from employment or other experience which will support your application for this position:

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**PROFESSIONAL REFERENCES**

Please list up to three **professional** references. Please exclude relatives or previously listed supervisors.

Name	Job Title	Street Address/City/State/Zip	Telephone Number	Relationship To You
1.				
2.				
3.				

**ALL APPLICANTS: PLEASE READ CAREFULLY AND SIGN**

**Applicants Acknowledgement and Authorization to Release Information  
Conditions of Employment**

I certify that the information in this application, resume, and any attachments are true. I understand that Rehabilitation Hospital of Indiana, Inc. (RHI) may verify my education and current and previous employment histories as I am considered for employment with RHI. I give full permission to RHI to conduct such verification. Likewise, I give full permission to my current and former employers and business associates, professional organizations, professional references, educational institutions and any other persons or organizations RHI may contact to release any and all information about me, including information in my personnel file to RHI. I will not hold any person or organization liable for releasing such information to RHI. I understand that as part of the employment process, a limited criminal background check will be conducted at RHI's expense. I further understand that I am required to report any convictions for crimes during my course of employment to the Human Resources Department. Additionally, if my name is at any time found to be on the Office of the Attorney General's List of Excluded Individuals & Entities, I may be subject to termination.

I understand that any employment by RHI will be employment-at-will; my employment can be terminated at any time, with or without cause, and with or without notice at the option of RHI. I agree, if I am offered and accept a position, to conform to all existing rules and regulations, both current and future, which includes maintaining current valid Indiana licensure and certification as required by RHI.

I understand further that RHI reserves the right to change wages, hours and working conditions as deemed necessary. I understand that upon acceptance of any employment offer, RHI will require a pre-employment, post-offer health assessment, which includes a physical, medical examination, blood tests, urinalysis, vision assessment, and drug testing. I consent to this health assessment and understand that my employment is contingent upon its completion as well as results that are consistent with my being physically fit for the position and that indicate I am drug and alcohol free (except for drugs that are legally prescribed to me). In addition, I understand that upon employment, proof of identity and employment eligibility will be required in order to comply with the 1986 Immigration Reform and Control Act.

I have read and reviewed the information provided in this application and the above statement. By signing this application for employment, I certify that all of this information provided by me including any resumes, or attachments is truthful and accurate. I understand that falsification, misrepresentation or omission of information requested in this application will result in immediate termination, regardless of the date of discovery. I further acknowledge that no written or oral statements or promises have been made to or relied upon by me regarding length of my employment or the reasons for which my employment can be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REHABILITATION HOSPITAL OF INDIANA, INC.**

4141 Shore Drive, Indianapolis, IN 46254-2607 • 1-800-933-0123

H.R. 317-329-2233 • www.rhin.com

Resumes@rhin.com



## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I have applied for employment with the Rehabilitation Hospital of IN, Inc. (RHI) located in Indianapolis, Indiana. I understand that RHI may verify my educational and current and previous employment histories as I am considered for employment with RHI. I give full permission to RHI to conduct such verification. Likewise, I give full permission to my current and former employers and business associates, professional organizations, and educational institutions, and any other persons or organizations to release any and all information about me, including information in my personnel file to RHI. I will not hold any person or organization liable for releasing such information to RHI.

I understand that any employment by RHI will be employment-at-will; my employment can be terminated at any time, with or without cause, and with or without notice at the option of RHI. If employed by RHI, I will be subject to its rules and regulations.

I understand that upon acceptance of an employment offer, RHI will require a pre-placement health assessment which includes a physical, medical examination, blood tests, urinalysis and drug testing. I consent to this health assessment and understand that my employment is contingent upon its completion, as well as results that are consistent with my being physically fit for the position and that indicate I am drug and alcohol free (except for drugs that are legally prescribed to me).

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Applicant Signature

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Applicant Printed Name

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Alternate Printed Name

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Date Alternate Name Used

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Social Security Number

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Today's Date

Gen-306A (7/07)



**EQUAL EMPLOYMENT  
OPPORTUNITY INFORMATION**  
*(This is voluntary - you may complete at your option.)*

Date: \_\_\_\_\_

*This information is requested solely to comply with civil rights laws. Your response will not affect consideration of your application. This information will support compliance with nondiscriminatory employment practices.*

Name (Last, First, MI): \_\_\_\_\_

Male       Female

**What is your Racial or Ethnic Heritage?**

- W        WHITE, NOT OF HISPANIC ORIGIN - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B        BLACK, NOT OF HISPANIC ORIGIN - Persons having origins in any of the Black racial groups of Africa.
- AA       ASIAN AMERICAN, PACIFIC ISLANDER - Persons having origins in any of the original peoples in the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- AI       AMERICAN INDIAN, ALASKAN NATIVE - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- HIS       HISPANIC - Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- ALE       ALEUT - Persons of the Aleutian Islands; Eskimo.
- Unspecified.

This information will be kept confidential and shared only on a right-to-know basis.