



APPLICATION FOR EMPLOYMENT (Revised 8/2015)

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state or federal law. Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company.

Applicant Name (*last, first, middle*): _____

Address (*street, apt #, city, zip*): _____

Telephone #:(_____)_____

Position applied for: _____ Full-time _____ Part-time _____ PRN _____

Are you legally able to work in the United States? (<i>proof will be required upon hire</i>)	Yes _____	No _____
Do you anticipate needing a reasonable accommodation in order to perform the essential functions of the position?	Yes _____	No _____
Are you able to meet the attendance requirements of the position you are applying for?	Yes _____	No _____
Can you travel if required by this position?	Yes _____	No _____
Have you ever applied with CORA before?	Yes _____	No _____
Have you ever worked for CORA before?	Yes _____	No _____
If you are under age 18, can you furnish a work permit if required?	Yes _____	No _____
Have you ever been convicted of a crime other than a minor traffic offense?	Yes _____	No _____

If yes, when? _____ Nature of crime? _____

Disposition? _____

Drivers license # (*only if driving is essential job duty*): _____ State in which it was issued: _____

Employment History

Please provide all employment information for your last 3 employers starting with the most recent.

Employer: _____ Dates employed: from _____ to _____

Address (*street, city, zip*): _____

Immediate Supervisor: _____ Telephone #:(_____)_____

Position Held: _____ Pay Rate: _____ Length of Time at this Position: _____

Reason for Leaving: _____

Previous Positions Held with this Employer: _____

Duties: _____

Employer: _____ Dates employed: from _____ to _____

Address (*street, city, zip*): _____

Immediate Supervisor: _____ Telephone #:(_____) _____

Position Held: _____ Pay Rate: _____ Length of Time at this Position: _____

Reason for Leaving: _____

Previous Positions Held with this Employer: _____

Duties: _____

Employer: _____ Dates employed: from _____ to _____

Address (*street, city, zip*): _____

Immediate Supervisor: _____ Telephone #:(_____) _____

Position Held: _____ Pay Rate: _____ Length of Time at this Position: _____

Reason for Leaving: _____

Previous Positions Held with this Employer: _____

Duties: _____

Educational History

High School School Name: _____ Location (*city, state*): _____

Years Completed: _____ Course of Study: _____

Degree(s) Earned: _____

College School Name: _____ Location (*city, state*): _____

Years Completed: _____ Course of Study: _____

Degree(s) Earned: _____

Other School Name: _____ Location (*city, state*): _____

Years Completed: _____ Course of Study: _____

Degree(s) Earned: _____

Other Skills and Qualifications

List other skills, education and/or training that are directly related to the position you are applying for: (i.e. job related training, skills, certifications and/or other qualifications):

Licensures

Therapy License # _____	State Issued _____
National Provider Identification # _____	Medicaid # _____
Have you been/Are you currently licensed in any other state:	Yes _____ No _____ State _____ License # _____
Discipline of file with state license board?	Yes _____ No _____
Public complaint on file with state license board?	Yes _____ No _____
Loss of therapy license?	Yes _____ No _____
Excluded from Medicare or Medicaid?	Yes _____ No _____
Sanctions imposed by Medicare or Medicaid?	Yes _____ No _____

If answered "yes" to any of the above, provide specific details, including any limitations of privileges:

Malpractice history, including issues open and/or closed in the past 5 years:

I hereby authorize CORA Health Services, Inc. to contact, obtain and verify the accuracy of information contained in this application from all previous employers and educational institutions. I also hereby release from liability CORA Health Services, Inc. and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I attest that the information provided in this application is true and correct. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or CORA Health Services, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of CORA Health Services, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I further understand that if I am selected as a finalist with or employed by CORA Health Services, Inc., the company may do an investigation of criminal convictions. I will not automatically be excluded from consideration if I have been convicted of a crime. Suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, the recency of the conviction, the type of work involved, etc.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____