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Applicant Name

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Date



**ACADIA**

Community Integrated  
Neuro Rehabilitation

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

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Personalized Functional Evaluation, Day Treatment, Residential, Respite, Home & Community Facilitation Services

1817 Olde Homestead Lane, Lancaster, PA 17601

717/394/3466

FAX: 717/394/1252

WWW.ACADIAREHAB.COM

**EMPLOYMENT APPLICATION**  
AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital status, sex, national origin, disability, or any other legally protected status.

**APPLICANT INFORMATION**

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Emergency Phone	Social Security No.		PA Resident for 2+ years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Available	Desired Salary		Are you over the age of 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Position Applied for				
Type of Employment	Full Time <input type="checkbox"/>	Benefit Part Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
When are you willing to work?	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/> If hired, when could you start?
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied for a job with this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been bonded?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been refused a bond?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been involuntarily terminated or requested to resign from a position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, was it due to abuse of clients, or residents?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, what were the circumstances of the termination?				

**EDUCATION**

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**WORK INFORMATION**Are you employed now? YES  NO Have you ever held a position of trust? YES  NO  (Handling money or confidential materials)

Why do you desire to make a change?

**PREVIOUS EMPLOYMENT**

Company Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

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Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**REFERENCES**

Please list three personal references. No relatives or former employers; employer references are separate.

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**JOB APPLICANTS AGREEMENT AND CERTIFICATION**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statement, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between ACADIA, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon ACADIA, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that ACADIA, Inc. retains the same right."

"I understand that prior to being offered employment with ACADIA, Inc. I may be requested to take an employment physical examination which includes a drug test. In the event I have a disability which will affect my ability to take the test, I will so inform ACADIA, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. ACADIA, Inc. reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 60 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

Signature	Date
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