Application for Employment

Los Angeles Rehabilitation & Wellness Centre, LP dba The Rehabilitation Center of Los Angeles
340 S. Alvarado St., Los Angeles, CA 90057

We are an Equal Employment Opportunity Employer

IDENTIFICATION

Last Name	First Name	Middle Name	Preferred Name	
Street Address		City	State	Zip code
Email Address		Cell Phone	Home Phone	
How did you hear about our Company?		Were you referred to the Company? If yes, by whom? ☐ Yes ☐ No		
Do you have any relatives that work for our Company? If yes, please list name and relation: ☐ Yes ☐ No		Have you ever worked for our Company? If so, when? ☐ Yes ☐ No		

POSITION

Primary Position Desired	Secondary Position Desired	Salary Desired	When are you able to start?
What is your availability to work? ☐ Full-Time ☐ Part-Time, Number of Hours _____		What shift(s) are you available? ☐ Morning Shift ☐ Evening Shift ☐ Night Shift	
Available to work overtime? (if necessary) ☐ Yes ☐ No	Able to work weekends? ☐ Yes ☐ No	Able to travel? ☐ Yes ☐ No	Do you have a reliable means of transportation to/from work? ☐ Yes ☐ No

PERSONAL

If hired, can you provide proof of eligibility to work in the United States? ☐ Yes ☐ No	Are you 18 years of age or older? ☐ Yes ☐ No	Can you furnish proof of your age? ☐ Yes ☐ No	
Education List name and location.	Grade/Years Completed	Graduated?	Major
High School/GED	9 10 11 12	☐ Yes ☐ No	N/A
College/Junior College	1 2 3 4	☐ Yes ☐ No	
Graduate School	1 2 3 4	☐ Yes ☐ No	
Business/Trade School	1 2 3 4	☐ Yes ☐ No	

List any foreign languages that you know:	Software Skills	Relevant Special Skills/Experience:
_____ ☐ Read ☐ Write ☐ Speak	☐ Excel ☐ Kronos ☐ PointClickCare	_____
_____ ☐ Read ☐ Write ☐ Speak	☐ Word ☐ Outlook ☐ Windows	_____

LICENSES

List all Licenses, Certifications and Professional Designations Earned

Type	State	License Number	Name on License	Expiration Date

ADDITIONAL INFORMATION

Have you ever used any other name than you are currently using? If yes, please list all names used:	☐ Yes	☐ No
As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail:	☐ Yes	☐ No
Are you able to perform the essential job functions of the position for which you are applying, with or without accommodation?	☐ Yes	☐ No
If required, are you willing to have a pre-employment physical and/or drug test?	☐ Yes	☐ No

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment

Application for Employment

Los Angeles Rehabilitation & Wellness Centre, LP dba Country Villa Rehabilitation Center
340 S. Alvarado St., Los Angeles, CA 90057

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EMPLOYMENT HISTORY

List the last two (2) employers beginning with the most recent/current

Name	Address - including city, state and zip code		
Telephone	Supervisor Name/Title	Employed From Month____ Year ____	Employed To Month ____ Year ____
Final Job Title	Work Performed	Reason for Leaving	
Name	Address - including city, state and zip code		
Telephone	Supervisor Name/Title	Employed From Month____ Year ____	Employed To Month ____ Year ____
Final Job Title	Work Performed	Reason for Leaving	

REFERENCES

List professional references not related to you.

Name	Position and Company	E-Mail Address	Telephone Number
Name	Position and Company	E-Mail Address	Telephone Number
Name	Position and Company	E-Mail Address	Telephone Number

I certify that the information provided in this application for employment is true, accurate and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal of employment. I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to hire me or to continue to employ me in the future or for any duration. In considering my application for employment, I consent to the Company verifying the information set forth in this application and obtaining any additional information relating to my background that it may need to assess my suitability for employment including but not limited to the references provided in this application for employment.

I understand that the Company may require a background check as a condition of employment with the Company, in which case I will be required to sign a disclosure and an authorization permitting the Company or its agent to conduct an investigation. The Company will use any such report(s) solely for employment-related purposes. I also understand that prior to employment or during the course of my potential employment, I may be required, to the extent permitted by law, to take a physical examination, drug screening, or similar test or examination as a condition of hiring or continued employment.

Mutual Agreement To Arbitrate: The Company and I mutually consent to the resolution by binding arbitration of all claims or controversies, whether or not arising out of or related to my job application and/or my acceptance or denial of employment, that the Company may have against me or that I may have against the Company and/or its employees, agents, parent, and affiliated entities, if any, and all predecessors, successors and assigns and any of them. This agreement does not include claims that, by law, may not be subject to mandatory arbitration, nor does it include sexual assault or sexual harassment disputes that I elect not to subject to arbitration, unless otherwise required by law. The Company and I agree that, to the fullest extent allowed by law, any claim will be brought solely in an individual capacity, including but not limited to class, collective and representative action claims and individual claims under the Labor Code Private Attorneys' General Act. The Federal Arbitration Act shall govern the interpretation and enforcement of this agreement and the arbitration proceedings. Arbitration will be conducted in accordance with JAMS Employment Arbitration Rules and Procedures that are in effect when I sign this application (arbitration procedures), a copy of which is available online at www.jamsadr.org, by calling JAMS at (800) 352-5267, and/or upon request to the Company. The Company shall bear the costs of the arbitrator, forum and filing fees. Each party shall bear its own respective attorneys' fees and all other costs, unless otherwise required or allowed by law and awarded by the arbitrator. Any and all issues regarding the scope, interpretation, and enforceability of this agreement shall be decided exclusively by a court of competent jurisdiction. Any void or unenforceable part or provision of this agreement shall be severed by the court. I agree that I will resolve any and all claims or controversies between me and the Company exclusively by final and binding arbitration before a neutral arbitrator instead of any court action or jury trial, which the Company and I hereby expressly forever give up. I understand that I have the right to consult with an attorney. I understand that I am allowed to take a copy of this job application and the arbitration procedures with me and return a signed copy of the application later. I have been given the opportunity to fully read and understand this mutual agreement and the arbitration procedures before signing this application.

I further understand and agree that in the event I am hired, I will be required to sign a mutual agreement to arbitrate as a condition of employment.

Printed Name	Signature	Date