



**Brain Injury Rehabilitation Center**

300 URBANA ROAD  
LIMESTONE, TN 37681  
(423) 257-3644

# EMPLOYMENT APPLICATION

THE CRUMLEY HOUSE BRAIN INJURY REHABILITATION CENTER IS COMMITTED TO THE PROVISION OF EQUAL EMPLOYMENT OPPORTUNITIES TO ITS APPLICANTS REGARDLESS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR ANY OTHER CHARACTERISTICS AS PROTECTED BY LAW. THIS APPLICATION IS INTENDED TO ALLOW YOU TO PROVIDE OUR ORGANIZATION WITH INFORMATION FROM WHICH YOUR SUITABILITY FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING CAN BE DETERMINED.

Date of Hire: \_\_\_\_\_

Name:	LAST	FIRST	INITIAL	FULL-TIME PART-TIME	POSITION
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# THE CRUMLEY HOUSE JOB APPLICATION

DATE OF APPLICATION \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST
FIRST
INITIAL

MAILING ADDRESS: \_\_\_\_\_ HOMEPHONE: \_\_\_\_\_

\_\_\_\_\_ CELLPHONE: \_\_\_\_\_  
CITY
STATE
ZIP

Position Applied For: \_\_\_\_\_ Date Available To Start: \_\_\_\_\_

Salary Expected: \_\_\_\_\_ Hours Available: \_\_\_\_\_

Shift Desired:      1st \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ Any \_\_\_\_\_

Education History	Name & Location	Year Graduated	Please indicate: GED, Diploma, Degree
High School	_____	_____	_____
	_____		_____
University/College	_____	_____	_____
	_____		_____
Other	_____	_____	_____
	_____		_____

**Employment History**

Employer:	Job Title:
Address:	Duties:
Phone:	Reason For Leaving:
Employment Dates:	Salary:
Employer:	Job Title:
Address:	Duties:
Phone:	Reason For Leaving:
Employment Dates:	Salary:

Employer:		Job Title:	
Address:		Duties:	
Phone:		Reason For Leaving:	
Employment Dates:		Salary:	
Please list any Volunteer work you have done in the past 12 months:			

References: (Please make sure that two people are not related to you)

Name & Address	Relationship	Telephone Number
1		
2		
3		

Professional Certification

Certificate	State	I.D. Number	Expiration Date

Other states where formerly or currently registered:

Is your professional license currently suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? (A felony is defined as an offense punishable by imprisonment for a term of one year or greater.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, explain with date, charge, place and action taken : \_\_\_\_\_  
 \_\_\_\_\_

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. I understand that my employment is not covered by an employment contract and that my employment can be terminated at any time by either party. I also understand that I will have a 90 day probationary period with the Crumley House.

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

**FOR OFFICE USE ONLY**

Interviewer:	Date:
Comments:	
Accepted:	Not Accepted:



Background Check Authorization Form

I, \_\_\_\_\_ give The Crumley House Brain Injury Rehabilitation Center permission to perform a background check prior to employment at their facility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date