



EMPLOYMENT APPLICATION TENDER TOUCH REHAB SERVICES LLC

CONTACT US AT: JOBS@TENDERTOUCH.COM - FAX: 732.534.8660 - WWW.TENDERTOUCH.COM

Last name	First	MI	Date of application	Social Security number
Street address		Apt #	Home #: () Cell #: ()	E-mail Address
City		State	ZIP	Are you on <input type="checkbox"/> Facebook? account name: _____
				Are you on <input type="checkbox"/> Twitter? account name: _____
Are there any days/hours that you are unavailable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what days/hours? _____				Are you on <input type="checkbox"/> MySpace? account name: _____
				Are you on <input type="checkbox"/> LinkedIn?
Desired Position/Discipline _____ (Check all applicable)			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
			<input type="checkbox"/> Staff	<input type="checkbox"/> Lead
			<input type="checkbox"/> Per Diem	<input type="checkbox"/> Supervisor
Referral Source: (Check all applicable) <input type="checkbox"/> Advance Magazine <input type="checkbox"/> Advertisement <input type="checkbox"/> Tender Touch Website				
<input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Mailing <input type="checkbox"/> Recruiter contacted me <input type="checkbox"/> Internet site _____				
<input type="checkbox"/> Tender Touch Employee _____ Agency _____ <input type="checkbox"/> Other _____				

Employment Record

Starting with present or most recent, list all previous employers, including self-employment and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but please complete any information not listed on the resume

Current or Last Employer		Type of business	Job Title		
Street		Phone ()	Supervisor's name		Phone ()
City		State	ZIP	May we contact this employer and/or supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly Rate/Salary Start Final		Dates worked From To		Reason for leaving	
Previous Employer		Type of business	Job Title		
Street		Phone ()	Supervisor's name		Phone ()
City		State	ZIP	May we contact this employer and/or supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly Rate/Salary Start Final		Dates worked From To		Reason for leaving	
Previous Employer		Type of business	Job Title		
Street		Phone ()	Supervisor's name		Phone ()
City		State	ZIP	May we contact this employer and/or supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly Rate/Salary Start Final		Dates worked From To		Reason for leaving	

Professional/Work References

List two past supervisors and one person who are not related to you who have knowledge of your qualifications for the position for which you are applying. If you wish to use a supervisor listed above you do not need to re-write the information.

Name	Title/relationship	Company	Phone	Years known	Occupation
			()		
			()		
			()		

May we contact the above references? Yes No

Name: _____

Please respond to the following questions:

1. Please explain all periods of unemployment or gaps in employment: _____

2. Have you ever been discharged or asked to resign from a job? Yes No
If yes, please explain: _____
3. Have you ever worked for or submitted an application to work for Tender Touch or any of its affiliates? Yes No
If yes, please explain: _____
4. Are you eligible to work in the United States? (Proof of citizenship/immigration status will be required upon employment.) Yes No
5. Are you able to perform the essential requirements of the job? Yes No
(May require physical activity including but not limited to transferring adult patients, lifting weights and working on a mat table.)
If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job for which you are applying? _____
6. Do you have any restrictions that would prevent you from being able to perform any requirements of the job? Yes No
If yes, please explain: _____

Clinical Practice/Certification

List three areas of strength in Clinical Practices:
 1) _____ 2) _____ 3) _____

List three areas of weakness in Clinical Practices:
 1) _____ 2) _____ 3) _____

List any special certifications you have earned/received: _____

Educational History

	High School	Technical/Trade School	College/University	Graduate/Professional	Other
School name					
Location (city, state)					
Years Completed	Completed 4 Years <input type="checkbox"/> Yes <input type="checkbox"/> No Received GED <input type="checkbox"/> Yes <input type="checkbox"/> No				
Diploma/Degree received					
Major course of study					
Honors received					

Military Record

Branch of service: _____ Dates served: _____ Present military affiliation: None Reserve (active) Reserve (inactive)

Special training and duty while in service: _____

Additional Information*

Have you ever been convicted of or are you presently being charged with or under the indictment for a misdemeanor? Yes No

Have you ever been convicted of or are you presently being charged with or under the indictment for a felony? Yes No

Have you ever been convicted in any court, whether civilian or military, of a violation of the law? Yes No

Have you ever been convicted of or are you presently being charged with or under the indictment for fraud or abuse with regard to Medicare or Medicaid programs? Yes No

*(**Philadelphia applicants** should not provide responses to the above questions. For all other applicants, do not include minor traffic violations, e.g., non-moving violations such as parking tickets. **New York applicants** should also not provide information pertaining to (i) convictions that have been sealed pursuant to Section 160.55 of the Criminal Procedure Law, or (ii) youthful offender adjudications. A conviction will not necessarily automatically disqualify you for employment. Rather factors such as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered).

If you answered yes to any of the above questions please explain: _____

Are you subject to any restrictive covenants, covenants not to compete, confidentiality agreements, or any other contractual obligations which would restrict or limit you from performing any duties for Tender Touch? Yes No
If yes, please describe: _____

As an applicant you agree to and understand the following:

1. I understand that this employment application and any other documents, including policies, handbooks, guidelines, practices, benefits or manuals, are not intended to create any contractual obligation which in any way conflicts with Tender Touch's policy that **the employment relationship between Tender Touch and each employee is at-will and can be terminated, with or without cause, upon written notice at any time, at the option of either Tender Touch or the employee.** I further understand that any oral or written statements to the contrary are expressly disavowed and should not and cannot be relied upon. Exceptions to this policy may only be made with prior written approval of the President of the Company.
2. The company may conduct investigations, including verification by a third party, or prior employment history, criminal history, credit, education and record of conviction. By signing this application, you authorize the Company to make these investigations and you indicate your awareness that false statements or failure to disclose information can disqualify you for employment or, if employed, result in your dismissal. I hereby authorize Tender Touch to obtain reference information about me and release all persons from liability for doing so.
3. It occasionally becomes necessary to transfer employees from one department or facility to another. For this reason, the knowledge and acceptance of the fact that employees may subsequently be transferred from one department or facility to another is a pre-requisite to employment.
4. By my signature below, I affirm that I have read and fully understand the questions asked in this application. I certify that all information given by me in this application are true, accurate and complete to the best of my knowledge. I understand that any false information, misrepresentation or omission of any information from this application or during the interview process may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.
5. You must meet the minimum age requirements of applicable state and federal laws.
6. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and release all such parties from all liability that may result from furnishing such information to Tender Touch.
7. Tender Touch is an Equal Opportunity Employer. Unlawful discrimination because of age, race, sex, color, religion, national origin, physical or mental handicap, or status as a disabled veteran of the Vietnam era is prohibited under local, state and federal law.

Signature of Applicant _____

Date _____