



Dear Applicant,

Thank you for your interest in employment with Integrity Rehab + Home Health! We strive to be an excellent workplace and are pleased that you would like to join our talented team. By completing the attached application, you are taking the first step to be considered for current employment openings. If we do not have any immediate openings that we feel match your skills and experience, we may keep your application file for one year, so you may be considered for future opportunities.

Please submit the application to info@integrityrehab.net. We are committed to hiring the very best employees to serve our valued patients. As a result, we assess applicants on several dimensions. This process includes criminal, credit, and reference checks. In addition, all candidates who are offered employment must successfully pass a drug screen within three (3) days of offer (or as soon as administratively feasible).

Thank you again for your interest in Integrity Rehab + Home Health. We look forward to continuing this journey with you!

Sincerely,

A handwritten signature in black ink, appearing to read "KHooten, OTR, CHT, MBA".

Kenneth Hooten, OTR, CHT, MBA
Occupational Therapist, Certified Hand Therapist
Administrator, Integrity Rehab

A handwritten signature in black ink, appearing to read "Jeanice Mitchell".

Jeanice Mitchell, PT, MPT, BCB- PMD
Licensed Physical Therapist, Board Certified Biofeedback, Pelvic Muscle Dysfunction
Administrator, Integrity Home Health
President, Integrity Rehab

OUTPATIENT THERAPY P: 254.699.3933 F: 254.526.8604 | HOME HEALTH P: 254.628.7900 F: 254.628.7905 | INTEGRITYREHAB.NET

KILLEEN 5302 Janelle Dr. Killeen, TX 76549	COPPERAS COVE 181 W. Hwy. 190, Suite 7 Copperas Cove, TX 76522	HARKER HEIGHTS 560 E. Central TX Expy., Suite 108 Harker Heights, TX 76548	SALADO 213 Mill Creek Dr., Suite 195 Salado, TX 76571	HOME HEALTH Bell, Coryell, Lampasas, & Williamson Counties
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CLASSIFICATION: RN LVN CNA/HHA PT PTA OT COTA ST Office/Other: _____

TERM: Full-Time Employee Part-Time Employee Intern Student Volunteer Other: _____

LAST NAME	FIRST NAME, MI	DATE OF BIRTH
STREET ADDRESS	CITY/STATE	ZIP CODE
EMAIL ADDRESS	PHONE #	ALTERNATE PHONE
LICENSE #	DRIVERS LICENSE #	Date Availability
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE #

EDUCATION

PLEASE CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4	
COLLEGE, UNIVERSITY, TRADE OR OTHER SCHOOLING	LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE

EMPLOYMENT / EXPERIENCE (continued on next page)

LAST OR PRESENT COMPANY	TYPE OF BUSINESS	POSITION HELD / DUTIES
STREET ADDRESS	CITY/STATE/ZIP	PHONE #
SUPERVISOR	PHONE #	MAY WE CALL
DATES WORKED FROM: TO:	SALARY	REASON FOR LEAVING
LAST OR PRESENT COMPANY	TYPE OF BUSINESS	POSITION HELD / DUTIES
STREET ADDRESS	CITY/STATE/ZIP	PHONE #
SUPERVISOR	PHONE #	MAY WE CALL
DATES WORKED FROM: TO:	SALARY	REASON FOR LEAVING

EMPLOYMENT / EXPERIENCE (continued)

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REFERENCES (from Former Employer, Teacher, Minister, or Other Professional, excluding family & friends)

NAME, ADDRESS & PHONE	OCCUPATION	RELATIONSHIP	# YEARS KNOWN

SCHEDULE/AVAILABILITY

I am available to work any shift that is needed between the hours of 7-7 M-F. initial _____
 I certify that I am not aware of any reason that may limit my ability to perform the job description of the position that I am applying for. initial _____

PROFESSIONAL MEMBERSHIPS, SPECIAL TRAINING / CERTIFICATES, ETC.:

POSITION APPLIED FOR: _____

SALARY DESIRED: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

Explanation: _____

HAS ANY INVESTIGATION EVER BEEN TAKEN AGAINST YOUR PROFESSIONAL LICENSE? YES NO

If yes, please explain: _____

Integrity Rehab + Home Health does not discriminate in hiring or any other decision on the basis of race, color, sex, or national origin.

I voluntarily give Integrity Rehab & Home Health the right to make a thorough investigation of my past employment. I also agree to take a physical exam and/or drug test as required. I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time. I also understand that my employment may be terminated for any false, misleading or omission of any information on this application.

Signature: _____ Date: _____

PLEASE USE THE FOLLOWING SPACE TO SHARE WITH US IN AT LEAST 100 WORDS WHY YOU ARE

INTERESTED IN JOINING THE INTEGRITY REHAB + HOME HEALTH TEAM. IN ADDITION, PLEASE SHARE ANY OTHER INFORMATION THAT YOU FEEL MAY BE BENEFICIAL FOR US TO KNOW ABOUT YOU.

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Integrity Rehab and Integrity Home Health that a **criminal history check** and **misconduct registry check** will be performed on all perspective employees. Background checks may also occur annually or as indicated for all employees. I have informed this agency of all names (i.e.; maiden, aliases) that I have used in the past. I understand that my employment is dependent upon the results of the criminal history check and the misconduct registry check.

I have not been convicted of the following crimes:

- An offence related to violation of the Texas Civil Statutes
- An offence related to deceptive business practice
- An offence related to moral turpitude
- An offence related to practicing any health-related professions without a requiring license
- An offence related to a conviction under any federal or state law relating to drugs, dangerous drugs or controlled substances
- An offence related to a client or client of a health care facility or agency
- An offence related to criminal homicide
- An offence related to kidnapping and false imprisonment
- An offence related to indecency with a child
- An offence related to sexual assault
- An offence related to aggravated assault
- An offence related to injury to a child, elderly individual or disabled individual
- An offence related to abandoning or endangering a child
- An offence related to arson
- An offence related to robbery or aggravated robbery
- A misdemeanor or felony against the person
- A misdemeanor or felony against property
- A misdemeanor or felony against public order and decency
- A misdemeanor or felony against public health, safety, and morals
- Any felony as listed in the Licensing Standards Home and Community Support Services Agencies Handbook section 97.601

I acknowledge that if I am found to have been convicted of any other offense(s) that these offenses may also bar or terminate my employment.

I understand that all information obtained by this agency regarding any criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed name: _____