



**MATULAITIS REHABILITATION & SKILLED CARE**  
**APPLICATION FOR EMPLOYMENT**

**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cellular Telephone Number \_\_\_\_\_

Present Address

\_\_\_\_\_

Email Address (optional) \_\_\_\_\_ Desired Salary/Hourly Rate \_\_\_\_\_

Type of employment desired? Full-time  Part-time  (Specify Hours) \_\_\_\_\_

Have you previously applied or had an interview with Matulaitis? Yes  No

Have you ever been employed by Matulaitis? Yes  No

If Yes, provide dates of employment, location and reason for separation from employment.

\_\_\_\_\_

**EDUCATION**

Grade School/ Location \_\_\_\_\_ Years Attended \_\_\_\_\_

High School/ Location \_\_\_\_\_ Years Attended \_\_\_\_\_

College/Location \_\_\_\_\_ Years Attended \_\_\_\_\_

Other \_\_\_\_\_ Years Attended \_\_\_\_\_

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Name /Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Duties \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

\_\_\_\_\_



Name /Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Duties \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Name /Type of Business \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Duties \_\_\_\_\_

Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes how many times? \_\_\_\_\_

Why do you want to work for Matulaitis Rehabilitation & Skilled Care?

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**REFERENCES**

Please list the names of 3 work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

**NAME /POSITION**                      **COMPANY**                      **RELATIONSHIP**                      **CONTACT INFO**

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- I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

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