

Enhanced Rehabilitation Services, Inc.
5794 Heisley Rd.
Mentor, Ohio 44060
Office: 440-352-7533
Fax:440-352-7544
www.enhancedrehab.com
A Medicare Certified HHA

Name: _____ Date: ___/___/___

Address: _____

Phone: (Home) ____-____-_____ (Cell) ____-____-_____

Email: _____

Type of employment desired: Full-time _____ Part-Time _____

Licensure: _____

Brief employment history:

Thank you in advance for your interest in becoming a valued employee.

Mike Robertson R.N., BSN,

Director of Operations

Miker@enhancedrehab.com

Enhanced Rehabilitation Services, Inc.

Mail Application and Resume to:

Enhanced Rehabilitation Services, Inc., 5794 Heisley Rd., Mentor, Ohio 44060

Or Fax to:

440-352-7544